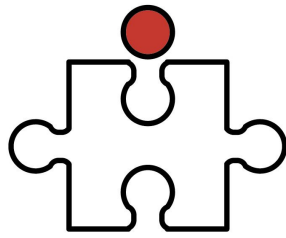


Annual Report 2010



Herpes
Viruses
Association

The charity for people with
herpes viruses: cold sores, genital
herpes, shingles and another
six herpes viruses...

Herpes Viruses Association Annual Report 2010

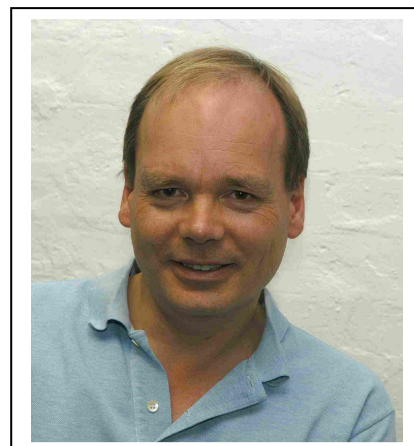
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Welcome to the Annual Report for April 2009 to March 2010

Welcome from the Chair:

Welcome to this special Annual Report, published in the 25th year after we achieved charitable status - on 16th April 1985.

This year has been as busy as ever – new diagnoses of genital herpes continue to rise and the distress that this can cause some patients has not abated.



It is astounding to recall that our first grant application was for two years, because the trustees **genuinely believed that two years of giving people the correct information (that 'herpes' is just a scary name for a cold sore) would be enough to demolish the stigma** which had been created just a few years before, with the advent of the new antiviral drug.

Indeed it surprises many people that genital herpes was not always considered to be something that matters. We can show them textbooks of midwifery which do not include the word herpes – nowadays the National Institute for Health and Clinical Excellence has a clear policy on herpes simplex and birth.

The word 'herpes' carries a stigma. People newly diagnosed regularly state *"I don't know anything about it, I just know that it is something terrible."* Before antiviral drugs were marketed, genital herpes was treated as a minor skin condition, occurring on an alternative site to the common cold sore. This changed with the advent of Zovirax. In England, headlines appeared such as "No-cure sex bug that is threatening the country" (Sunday Mirror 1982), "The Sex Epidemic" (Cosmopolitan 1982), "Curse of the Promiscuous" (Daily Mail 1982).

The impact of this campaign soon meant that people diagnosed with genital herpes feared that their sex life was finished. Following a magazine piece, some 'sufferers' [sic] came together to seek support and lovers with this.

Gradually, as they began to understand that a cold sore on the genitals was no more serious than one on the face, these 'sufferers' decided to create a resource so that people from all over the UK (and later the world), could benefit by being able to access clear, unbiased and non-judgmental information.

Our work will continue as long as disease-mongering continues - whether from drug companies or from complementary therapy manufacturers - and as long as comedians want a cheap laugh (see page 5) – thus perpetuating the stigma.

George Davies, Chair

Who we are

The Herpes Viruses Association (HVA) was founded in 1981 to counsel and advise patients with genital herpes and to counter the herpes stigma, created with the launch of the first successful and widely available antiviral drug, Zovirax.

It is a patient support charity, run by patients, for patients. It became a registered charity in 1985 and now provides information on all the human herpes viruses but largely focuses on herpes simplex (genital herpes and cold sores) and herpes zoster (usually called shingles). A sub-group, the Shingles Support Society was set up for shingles and accompanying post herpetic neuralgia – see page 12 and our new stand-alone website www.shinglessupport.org

Why we are needed

The HVA exists because a usually minor skin condition has been stigmatised to sell drugs – see page 2. The condition itself is common. By the age of 25, **70 per cent of the UK population** carries either or both of type 1 or 2 herpes simplex virus.

It is usually a trivial skin complaint. Only one person in five who has this virus has noticed symptoms. If it were *just* a skin complaint, there would be no need for the HVA. However, as a condition called 'herpes' it causes immense distress: people have told us **"If they could just change the name, then it wouldn't matter that I have it."**

Herpes simplex viruses 1 and 2 belong to a family of nine 'human herpes viruses'. It should properly be referred to as herpes simplex or genital herpes, to differentiate it from, for instance, herpes varicella (chickenpox). We persevere in giving it its full name so as to distance the condition from the inaccurate and stigmatised word 'herpes' featured in headlines and jokes – see pages 3 and 5.

Herpes simplex is complex

Sexually Transmitted Infections (STIs) are mainly viral or bacterial in origin. Warts, HIV and herpes simplex are all caused by viruses and can be treated but not eradicated. This fact is used by pharmaceutical companies and complementary therapy manufacturers to emphasise the importance of these conditions by referring to their 'incurable' nature. In the case of herpes simplex this hyperbole is not justified. Patients then bear a heavy psychological burden as disease carriers with the potential to infect future partners. Some patients make heavy demands on the counselling services of the HVA and may make repeated visits to genitourinary (GUM) clinics, websites and helplines.

People with herpes simplex are referred to our services by:

- medical staff at GUM clinics
- Sexual Health Direct helpline
- The Terence Higgins Trust helpline
- NHS Direct helpline

Increased number of cases

In 2009, 30,162 cases were diagnosed in GUM clinics – up 4.5% on the previous year. This increase may be attributed to better access to GUM clinics since the introduction of a 48-hour access target and better diagnostic tools with the PCR (polymerase chain reaction) being brought in. The greatest increase is seen in the numbers of young people (20-24 years) and older people (45-64 years) which have more than doubled since 2000. For young people, the lack of effective sex education and frequency of sexual activity under the influence of alcohol are blamed. In the case of the older group, it is suggested that condoms use may be low in those who are newly single, not mindful of STI risk and where women may be beyond child-bearing age and have no need of contraception.

Increased stigma - continued need for the specialised reassurance and information that our services provide

Despite our best efforts, the scare story that is 'herpes' will not go away. 'Good news' is not news; the internet allows misinformation to be repeated on every blog and forum. **This means that the helpline and the email reply service continue to be used just as much now as ever, as the statistics on page 6 show.** Our volunteers take calls every weekday and sometimes at week-ends and on bank holidays too; perhaps because people have more free time to worry on such days!

As this stigma is still so strong, our aims include:

- educating the people who are diagnosed with genital herpes so that they can have normal, healthy sex lives;
- educating the wider public to know more about sexual health and herpes simplex;
- helping the media to understand that this is not a rare, unusual and peculiar condition – it is a common, but often hidden, skin complaint which can affect the genitals.

From the media, particularly from the USA but also the UK and Canada, the Google alerts service has collected 309 instances of the word 'herpes' being used in a negative way, often unconnected to the real meaning of the word. It has become politically and socially incorrect to gratuitously insult disabled people by using words like 'spastic' (as a generic term for 'bad') so 'herpes' seems to have been adopted to fill the gap.

In these virtual cuttings, we find 'herpes' is used to mean something unpleasant that won't go away and/or to stigmatise people and the condition by suggesting that genital herpes is particularly associated with those who are undesirable in other ways. Typical examples from the UK media are quoted here:

A wonderful compliment passed the lips of Patrick Vieira this week which should please Stoke fans sick of being told their team is uglier than Andrew Lloyd Webber suffering an attack of facial herpes: "There are no teams like Stoke in Italy... www.mirrorfootball.co.uk 20-2-10



And he'll get it, barring an LBW decision from Doris Herpes in the video box after he gloves one on the bounce to third man. This series... www.bbc.co.uk 16-1-10

On Strictly Come Dancing Bruce has proved about as funny as herpes, and even harder to get rid of. www.mirror.co.uk 9-10-09

Steve Coogan plays the failed actor (whose fame rests on a Herpes medication commercial) turned drama teacher, www.telegraph.co.uk 1-12-09

"I'm so shitty with Greek mythology. What was Herpes the god of again?"
www.independent.co.uk 20-6-09

An exit poll carried out by DipshitMORI revealed that 64% of those who voted would rather have Herpes than Gordon Brown. www.thespoof.com 8-6-09

To be honest, these masks may be a boon for you dudes with disgusting herpes or train-stopping bad breath. <http://blogs.reuters.com> 5-5-09

Facebook outbreaks have occurred in August, December, and March, periodically though not particularly seriously - something like the electronic equivalent of herpes.
www.theregister.co.uk 6-4-09

What we do

Website - www.herpes.org.uk (non-stigma alternative www.hva.org.uk)

Our website is updated monthly. Explaining and refuting inaccurate news stories featuring 'herpes' is a regular part of this process. The site welcomed 342,110 visitors this year – 14.5% up on the previous year - and secured 15.51 million hits.

In a search for 'herpes', it is the first site listed on Google UK and MSN/Bing; on UK Ask.com it comes 2nd; AOL.co.uk and Netscape.co.uk it comes 3rd; on Yahoo, 5th.

Firstly can I say a huge thank you for your website. I self-diagnosed myself with herpes and this was confirmed at the clinic on Monday. I was online looking for help and your website was the only one which actually calmed me down and gave me the facts without scare stories, myths or anything else which is what I found on a lot of other herpes websites.

Email from man (anonymity preserved) 9-4-09

“Let me say first of all what an excellent, factual and informative site you have created. I intend to become a member, I am so impressed.”

Email from woman (anonymity preserved) 26-5-09

Helpline – 0845 123 2305

The helpline continues to provide support and information to:

- people newly diagnosed with herpes simplex;
- people whose new partner has told them that they carry the virus;
- people with too many outbreaks;
- worried people who want advice on how to talk about it with a new partner;
- pregnant women, who tend to phone our helpline in the last weeks of pregnancy to ask about childbirth.

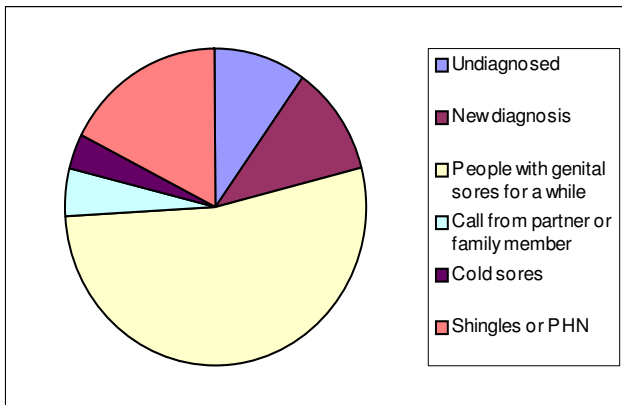
Calls taken are up from last year: over 5,000 calls a year are answered at the office and by our helpline volunteers. The helpline costs the same as a local call when using a landline. The 0845 helpline number does not generate income for the charity. Callers can talk for as long as they wish. Calls last an average of 13 minutes – which includes some calls lasting over an hour.



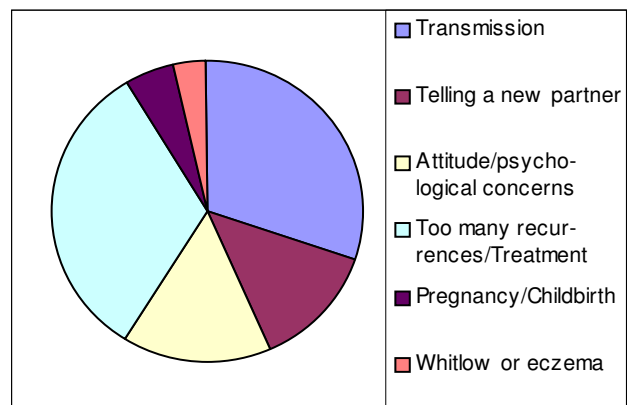
The pie charts show:

- who is calling our helpline. Note the number of relatives or friends who call.
- a breakdown of the most common topics raised, although many callers will ask questions under several topics

Who is using our helpline:



Topics that callers talk about:



Leaflets and journals

Leaflets are available on every aspect of concern to people with genital herpes. Popular titles are "Transmission", "Summary of Tips to Prevent Recurrences" and two that deal with "Talking to a New Partner". These leaflets are piloted on people with genital herpes to ensure that they are unambiguous and readily understood.

SPHERE, a quarterly journal, provides updates on research, trials and changes to drug regimens. Articles tackling the psychological trauma and anxiety that a diagnosis can cause, and suggesting ways of controlling thoughts, relieving stress, etc., are always included – as well as personal stories and tips from readers.

Meetings

In London and around the country, office staff and members organise meetings of various kinds. However the stigma deters many people from attending such events: they are afraid that someone will recognise them – despite the obvious fact that the other people attending would also have genital herpes and therefore would not be in any position to be judgemental. We know that this is a real problem for some, because staff and helplineers often have to persuade members and callers that they can attend a meeting without drawing attention to themselves.

In the year to March 2010:

- 32 people attended a seminar
- 26 people attended study days

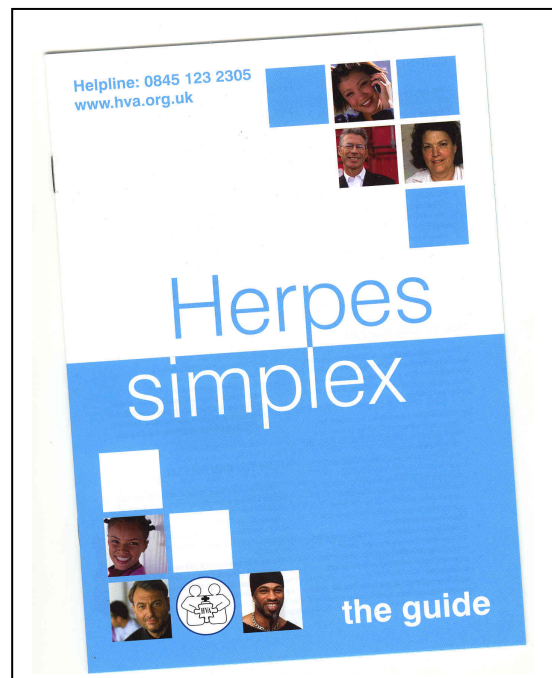
Other events that were held:

- 30 sharing/talking events in London (with approx. 103 people attending)
- 13 purely social events such as clubbing, picnic and ice-skating in London
- 11 social events in other cities nationwide

Herpes Simplex - The Guide

12,815 copies of *Herpes Simplex – the Guide* were distributed through sexual health clinics in the year ending March 2010. This is a 16 page, 6,000 word, A5 sized booklet, illustrated by an HVA member. It has been written and updated by people with herpes simplex for their peers and is revised for each new edition. The information in the current 10th edition is endorsed by doctors working in Genitourinary Medicine.

“Their booklet is just fantastic. We’ve had hundreds of them” said Dr Colm O’Mahony, GUM consultant at the Countess of Chester Hospital and media spokesperson for the British Association for Sexual Health and HIV.



How we educate

A. Medical Professionals

How the HVA helps medical professionals in their dealings with patients:

- For the medical professional working in departments of sexually transmitted infections or dermatology, herpes simplex is known to be an infection which is occasionally a nuisance but seldom a danger. Therefore they may be taken aback by the emotional reaction that a patient has to a diagnosis of genital herpes (which the doctor knows is just “a cold sore on the genitals”).

“The doctor told me not to worry and ushered me out, although I was sobbing.”

- GPs and other non-specialists have often been affected by the disease-mongering of the condition so they may overreact inappropriately:

“The doctor at the Blood Donors’ session told me to go home when I told him that I had caught genital herpes [sic]”.

Training the trainers:

The HVA offers talks on *Counselling Patients with Herpes Simplex* and arranges as many appointments as possible for this activity, subject to time constraints. This offer is taken up by staff at Sexual Health Clinics for their training days. Most of these tend to be in the London area; however Nigel Scott also talked to staff at the King’s Lynn Sexual Health Clinic.

We also offer training on herpes simplex to staff who work on sexual health helplines at other organisations. The Brook charity which provides sexual advice and training for young people accepted the offer and Marian Nicholson gave the talk to their helpline team. She also provided all their helpline staff with copies of the booklet, *Herpes Simplex – The Guide*.

Writing in a medical journal:

SHINE (Sexual Health Information News Exchange) asked us for a page on herpes simplex for issue 17, December 2009: “Herpes simplex – debunking the myths”

Consulting on other organisations’ leaflets:

We are acknowledged as an organisation with the ability and experience required to advise other providers on the appropriate way to explain herpes simplex for the lay reader without seeming alarmist. This year the ‘fpa’ (who have an NHS contract to distribute sexual health leaflets nationwide) consulted us on the reprint of their Genital Herpes leaflet.

B. The Public

We aim to normalise the way that herpes simplex is described to the public. In particular, there are myths associated with genital herpes that we try to dispel. Three of these are: it can be spread around the body, it will necessitate a Caesarian-section for childbirth, it turns into HIV. We aim to correct these myths.

NHS Choices videos:

To improve access to its information, NHS Choices website has added videos each about 5 minutes long with either a patient talking about their condition, or a doctor explaining it. Marian Nicholson volunteered her personal journey for the NHS Choices website. This 5-minute video clip is also shown on YouTube. It has been praised by viewers:

“I have been told I have Herpes and am extremely stressed by the whole "incurable" word. I have read site upon site, watched video upon video and in all fairness the YouTube video posted by yourselves has eased me the most.”

“... as you say, it is so hard to find sensible information and advice online... So was great to find your website (via the v. good little video on the NHS site). Keep up the good work.”

Television and radio:

Marian Nicholson took part in a SKY TV programme, November 2009, filmed by Tern TV called "The Secret Guide to Women's Health" hosted by Coleen Nolan.

Adding to and correcting websites:

If there is incorrect or unclear information on any UK-based website which purports to be authoritative, we will ask for this to be changed. Sometimes, we spend a lot of time communicating with the 'webmaster' to improve the information: either the facts themselves, or else the way that they have been written. In some cases, our emails are ignored. This is an on-going process as a website up-date may re-introduce "incorrect facts" or "unfortunate wording" that need to be changed again.

Book:

Helen Knox sent us the draft chapter on genital herpes for a new edition of "Sexplained" so that we were able to correct it before it was published.

Newspapers and magazines:

Magazines and newspapers usually require 'case histories' to secure coverage. Stigma means that very few people with herpes simplex will talk to the press. The HVA spokesperson was quoted and/or the HVA was mentioned in:

- The Observer (average issue readership: 1,138,000)
- The Independent (twice 16-4-09 and 12-11-09) (circulation of 215,000)
- The Sun (circulation of 3,100,000)
- Daily Express (circulation of 736,000)
- Sunday Mirror magazine (circulation of 1,244,000)

Inappropriate DVD aimed at the public:

We provided a panel of patients to comment on a DVD created by an international group of specialist doctors answering typical questions paid for by Novartis (makers of one of the antiviral treatments). The patients unanimously panned it. They especially found the medical language used by the doctors totally unsuitable for patients: disease (instead of symptoms), incurable (instead of long-term), chronic (instead of long-term), attacks (instead of episodes). As a result, this DVD has not been circulated.

Working with other organisations

We work with other organisations to maximise publicity and influence so that the interests of herpes simplex patients, sexual health patients in general and those with other skin conditions are considered when healthcare services are debated and updated. Sexual health and dermatology are both 'Cinderella services': the interests and requirements of patients and their families are often overlooked because patients are reluctant to complain or because dermatology is wrongly perceived as being a largely cosmetic service rather than one that addresses many life threatening, painful and psychologically distressing conditions.

We have a representative on:

- British Association for Sexual Health and HIV Special Interest Group for herpes simplex: 2 meetings each year
- British Association for Sexual Health and HIV patient panel
- British Federation for Sexually Transmitted infections: 2 meetings each year
- Skin Care Campaign: Nigel Scott is the Vice Chair
- All Party Parliamentary Group on Skin: Nigel Scott serves on the Oversight Committee (advisory board)

We are members of:

- All Party Parliamentary Group on Skin (APPGS)
- British Association of Dermatologists' Patient Support Groups – this enables us to work with many other professional bodies, e.g. British Dermatology Nursing Group, the British Skin Foundation and pharmacists as well as the pharmaceutical industry.
- Patient View (Health and Social Campaigners' Network International)
- Involve – patients in research
- and more, as appropriate...

We took an active role in consultation exercises carried out for the Department of Health's Connecting for Health project. This enabled us to express our concern that the new computer system – the Spine, which will allow individual medical records to be accessed across the NHS by many professionals and give patients access to their own records via personal computer – has serious flaws, particularly in the areas of sexual and mental health.

Home access to medical records could allow individuals who are members of authoritarian families or who have jealous partners to be coerced into allowing access to their health records. They will not be able to prevent their sexual health history or family planning needs becoming known. This could lead at the least to embarrassment and at the worst to "honour killings". The HVA's view is that individual patients should have the right to access their own medical records but this option should be restricted to private rooms at a GP surgery, clinic, hospital or library, which only one person at a time is allowed to use.

This problem arises with any NHS IT plan on Google, the Spine, or elsewhere and has not been publicised adequately.

Why we need more help

Consultations with fund-raising specialists have indicated that the HVA is unlikely to be adopted as a charitable cause by a large company because there is no PR gain, since the 'herpes stigma' will not create a favourable impression with clients. Similarly, organisations such as the Round Table, Rotary and Freemasons are unwilling to encourage their volunteers to fundraise for a herpes charity because of its association with sexual disease.

For the same reason, herpes simplex is not a condition which can benefit from public solicitation (direct mail, cold calling, street fundraising, etc). Individuals will not provide sponsorship to volunteers running marathons or taking part in sponsored challenges. Most people who do not have the condition are embarrassed by the word herpes. People with the condition are embarrassed to be seen to have any connection to the HVA for fear that donors may suspect that they 'have this virus'.

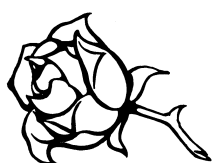
Staff and volunteers - monitoring and training

Two full-time staff work staggered hours and have overlapping duties.

Marian Nicholson, director, works from noon to 8pm.

- responsible for non-routine letters, grant applications to statutory bodies (National Lottery or the Dept of Health), writing the Annual Report;
- attends meetings with external bodies and gives most of the lectures on aspects of herpes simplex to medical personnel and the general public;
- answers helpline calls in the evening from members of the association and newly diagnosed patients;
- trains and manages the helpline volunteers.

... continued on page 13



Shingles Support Society

Sub-group recognised by the Charity Commission

Please view the new website launched
this year: www.shinglessupport.org

We send out a 19 page information pack for sufferers to share with their GPs explaining how to treat post-herpetic neuralgia (PHN), a pain created by the shingles virus and which in older patients frequently continues long after shingles blisters have healed. The first line treatments for PHN are generic tricyclic antidepressants and anti-epileptic drugs, and some GPs remain unaware of their usefulness. Shingles enquiries vary according to media coverage and are higher following surgery leaflet drops. This year we had:

- 466 written enquiries (the peak was 2002 with 978 enquiries)
- over 1000 helpline conversations
- £2,411 in donations from people that we have helped

We were consulted by the Head of Immunisation Branch of the Department of Health regarding the possible introduction of a vaccine to prevent shingles – see below. To start with, this will be offered to people between 70-79 years.

We are working with two pharmaceutical companies:

- SanofiPasteur on advance lobbying for the acceptance and distribution of Zostavax, a preventative shingles vaccine for older people.
- Atellas on a capsaicin patch to relieve long-term pain following shingles.

There were many shingles events this year:

- Nigel Scott was interviewed on Radio 5 Live re VZV vaccines
- We provided a patient to be filmed for SanofiPasteur's vaccine promotion
- We attended a dinner in House of Commons for SanofiPasteur on the benefits of vaccines and especially Zostavax vaccine to prevent shingles in the elderly.
- We attended a "Chronic Pain Policy Coalition" event House of Commons
- 2 National Assembly members in Cardiff
- We attended a workshop for patient groups at the British Pain Society

We provided 5 patients for journalists doing stories on shingles for the New Scientist, Daily Telegraph, Saga magazine, Daily Express and Daily Mail.

Nigel Scott, administrator and information officer works 10am to 6pm.

- answers requests for information and advice from personal callers, by letter and on the helpline;
- monitors bank accounts and prepares financial information;
- administers the membership service;
- manages sales of the GUIDE;
- oversees volunteers who help in the office;
- gives talks at study days and clinics
- serves on outside bodies;
- sits as Vice Chair of the Skin Care Campaign.

Both Marian and Nigel:

- write and edit leaflets, press releases, articles for *SPHERE*;
- run workshops (study days) and give talks for members;
- take 'advice and counselling calls' several times a day from members of the HVA, the general public, medical professionals and the media.

Volunteers are essential to our service. Over the year we have help from about 30 helpline and other volunteers:

- 4 new helpliners have been trained this year: Pegah, Leonie, Dawn and Tony have joined the roster to replace volunteers who are no longer able to offer their services
- These helpline volunteers are given support by telephone from their original trainer. News/information is sent out regularly to keep them up-to-date with factual information and suggestions for counselling.
- Monitoring of helpline services continues at all levels.
- These volunteers fill in a report sheet (helpline log) to enable supervision of the information provided and give further them training or information.
- Local contacts and organisers of group meetings all over the country are supported by the office staff but do not receive formal training.
- Two job-seekers on 3-month placements provided useful office help.

Patrons

We welcomed the involvement of a new patron, Dr Raj Patel FRCP, consultant in genitourinary physician at the Southampton University Hospitals, Chair of Education to the British Association for Sexual Health and HIV, and Board member of the International Herpes Management Forum. He is Secretary General and Honorary Treasurer of the International Union against Sexually Transmitted Infections.

Executive Management Committee

The Executive Management Committee is elected at the Annual General Meeting from the membership and reflects its diversity. Committee meetings are normally held monthly to oversee the work of the Association, direct its future and approve outgoing expenses. The chair rotates. At year end, the Committee included four men and seven women. Their ages range from 24-59 years old; and one is a member from the black and ethnic minority community.

The Charity Commission has issued a dispensation so that the names of the HVA's committee members are not required to be shown on their website or on any published document.

Funding for 2007/2008 and onwards...

The charity's continued existence is dependent on the financial support it receives from patients and families who have been helped by our activities. This proves that the HVA continues to meet a genuine need for countless people and that this need is not met by other bodies.

Core Grant:

The HVA remains a small charity with no investments beyond its deposit account, no property, no assets beyond its office equipment. It has relied on a core grant from the Department of Health (DH) for about one quarter of its income. However, this has stopped as the Department is only funding new projects. We have applied to the DH for four "project grants" which we have not won.

Corporate donations:

- Eladon Ltd, a manufacturer of herbal treatments and vitamins, some of which have been shown to benefit herpes simplex patients in trials, donated £2,250.
- We succeeded in winning a £2,500 grant from Vodaphone in their "Making a world of difference" project
- Companies promoting shingles treatments and vaccines have donated £5,200 to our funds this year.

Regular Sources:

The number of new members was lower this year. This trend has been recognised across the sector and possibly reflects the increased availability of useful advice and information on our website. This is provided free of charge as a public service in order to counter to the vast amount of badly written and misleading genital herpes misinformation that is now online.

- Profits from selling creams and supplements we have found to be useful in preventing herpes simplex outbreaks: this year were approximately £16,500.
- Some of our members have helped by sending us regular monthly donations by standing order of £5-£20.

Fundraising

Most charities expect their members or their beneficiaries to raise money for them. This is not possible for the Herpes Viruses Association. Despite our efforts to encourage individuals to sponsor us through various community fundraising activities, it has become clear that we cannot expect anyone running marathons or doing sponsored challenges to do so for the HVA; most people who do not have the condition are uncomfortable with the word 'herpes' and people with the condition are embarrassed to be seen to have any connection to the HVA for fear that donors may suspect that they 'have this virus'.

However, we were able to hold a street collection (tin-rattling) for the 'Shingles Support Society' outside King's Cross. Four people, donating a total of 20 hours, raised £120.



Accounts for 2008/2009

The accounts for 2008/09 were signed by an Independent Examiner: Derek Rothera of Derek Rothera & Company, 7 Wenlock Road, London N1 7SL.

Recognised Gains and Losses

The HVA had no recognised gains or losses other than the surplus or deficit for this financial year.

Exceptional receipts

- The Shingles Support Society received a bequest of £22,543.87.
- The claim made for tax which is returned to us under the "Gift Aid Donation" scheme includes claims for previous years as we are still incorporating donations made up to six years ago.

Continuing Operations

None of the Association's activities were acquired or discontinued during this financial year.

The information given overleaf has been extracted from the Herpes Viruses Association's accounts 2008/2009 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.

Donated Items

Volunteers have donated their time and expertise to the charity.

Legal Requirement

The trustees confirm that there are no serious incidents or other matters which need to be brought to the attention of the Charity Commission.

Taxation

The HVA is exempt from income tax by reason of its charitable status. Interest on our deposit account is paid tax-free as it is in an account created for charities.

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 2010/11:

- £ 60,000 represents 6 months running costs
- £ 35,000 for redundancy payments for two office staff

Therefore for the year 2008/09, a total £95,000 would be nominated as Strategic Reserves but we are still working towards reaching this amount.

Herpes Viruses Association

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31ST MARCH 2009

INCOMING RESOURCES were all unrestricted	Year:	2009	2008
Grants Receivable (Department of Health)		30,000	30,000
Membership Subscriptions		18,814	16,910
Members' and service users' donations		14,726	12,826
Shingles donations (<i>including an exceptional bequest in 2008</i>)		3,695	25,855
Corporate donations		7,550	2,273
Sales of books and therapeutic materials		40,944	43,547
Gift Aid Donations – tax refund		8,296	15,327
Investment income: interest on deposit account		<u>4,653</u>	<u>4,202</u>
		<u>128,678</u>	<u>150,940</u>
 RESOURCES EXPENDED			
Direct Charitable expenditure		(76,205)	(76,112)
Cost of buying therapeutic materials		(27,642)	(35,045)
Management and administration		<u>(9,046)</u>	<u>(9,036)</u>
Total Resources Expended		<u>(113,793)</u>	<u>(120,193)</u>
 NET INCOMING/(OUTGOING) RESOURCES			
		14,885	30,747
Fund balances brought forward		<u>90,471</u>	<u>59,724</u>
 FUND BALANCES CARRIED FORWARD AT 31 MARCH 2009			
		<u>105,536</u>	<u>90,471</u>

BALANCE SHEET as at 31 March 2009

	Year:	2009	2008
	£	£	£
FIXED ASSETS			
Tangible assets		1,557	2,076
 CURRENT ASSETS: debtors			
Cash at bank and in hand	898	832	
	<u>105,822</u>	<u>92,532</u>	
	106,720	93,430	
 CURRENT LIABILITIES			
Creditors: amounts falling due within 1 year	<u>(2,921)</u>	<u>(5,035)</u>	
 NET CURRENT ASSETS			
		103,799	88,396
 TOTAL ASSETS LESS CURRENT LIABILITIES			
		<u>105,356</u>	<u>90,471</u>
 Represented by :			
UNRESTRICTED FUND		105,356	90,471
RESTRICTED FUND		<u>-</u>	<u>-</u>
		<u>105,356</u>	<u>90,471</u>