Roles Of Health Care Providers In Preventing Sexual Transmitted Diseases

Dr. Hanin Fayez Alluhaybi[1]*, Dr. Areej Yousef Ahmad Kateb[2], Nehal Abdulrahman Koshak[3], Aeshah Ramadan Albaqami[4], Amnah Othman Fallatah[5], Ehsan Esmail Al Shari[6], Jomah Ali Mohammad Alzhrani[7], Ali Motan Zopany[8], Mansour Saeed Althiyabi[9], Yaseen Mohammaed Ghazzawi[10]

[1]*Family medicine consultant at Prince ahmed primary health care centre
[2]General practitioner, Al-Azizyah P.H.C.
[3]Nursing Specialist, Nursing at Prince ahmed primary health care centre
[4]Community & Public Health Nursing Specialist, Community Health Nursing Department, Makkah Health Cluster / Alawali Sector PHC
[5]Nursing specialist ER at Medical Complex at the public services Center in Alshemaisy in Makkah
[6]Nursing technician, ER At Medical Complex at public services centre in Al Shemaisy in Makkah
[7]Primary Health Care Centre Al-Kakiyah, Technical
[8]Nurse, Nursing services, Al noor specialist hospital
[9]Nursing, Male medical department, Ibn sena hospital
[10]Radiological Technology, X RAY, Prince ahmed primary health care centre

***Corresponding Author: -** Dr. Hanin Fayez Alluhaybi
*Family medicine consultant at Prince ahmed primary health care centre

Abstract:
Given the rising prevalence of most sexually transmitted diseases (STDs) in recent years, it is essential for all healthcare practitioners to play a part in evaluating STD risk and treating infections. STD clinics will remain centers of specialized treatment and are being more acknowledged as places to offer HIV preexposure prophylaxis (PrEP) to prevent new HIV infections. Healthcare professionals in primary care offices, family planning clinics, and community-based clinics will keep identifying STDs in asymptomatic individuals who are most vulnerable to these infections. Recommendations are necessary to standardize the delivery of STD treatment in healthcare settings due to the inconsistent supply of STD services. Increasing incidences of sexually transmitted infections (STIs) in the US and Europe are a critical public health concern that demands a public health intervention. STI diagnosis and treatment have been fundamental in STI control and prevention for many years. Publicly financed STI clinics have historically been crucial in providing STI care.

Introduction:
According to estimates, around 20 million new instances of sexually transmitted diseases (STDs) are reported each year in the United States, with nearly half of these occurrences occurring among those between the ages of 15 and 24. In recent years, there has been an upsurge in the prevalence of sexually transmitted diseases [1]. Sexually transmitted diseases are responsible for 16.9 billion dollars in yearly health care expenses. Infertility, ectopic pregnancy, and congenital infection are only some of the serious reproductive health concerns that can be caused by sexually transmitted diseases (STDs). Furthermore, sexually transmitted diseases (STDs) have the potential to raise a person's likelihood of contracting and passing on the human immunodeficiency virus (HIV) infection [2,3].

Sexually transmitted diseases are being identified in an expanding number of health care settings. In non-STD clinics, such as private physician offices and community health centers, the majority of sexually transmitted disease cases that are reported come from physicians [2]. at the past, sexually transmitted diseases (STDs) were diagnosed at public health clinics for reasons like anonymity, confidentiality, and the provision of specialist care. The prompt management of infections is a fundamental element of sexually transmitted disease (STD) care, as demonstrated by the Brussels Agreement of 1924, which was an international convention that aimed to establish STD care in ports for merchant marines. To combat the stigma associated with syphilis, there were clinics in the United States that were specifically designed to provide care for patients who were suffering from sexually transmitted diseases (STDs). One such clinic was the first STD clinic, which was established in Baltimore, Maryland, in 1922. The 1930s and 1940s saw an increase in the number of clinics functioning in this manner, and clinics have continued to constitute a significant portion of the public health services that are provided. All of these sexually transmitted disease clinics were designed with quick diagnosis, testing with on-site treatment, and partner services as its foundation [3,4]. However, primary care testing for STIs is neither monitored, nor specifically incentivized, within the current program, and no services to diagnose and treat STIs require referral from a members' primary care clinician (PCC).

Review:

Medicaid is a public insurance program that is available in the United States for families with low incomes and individuals who have disabilities. It provides coverage for more care related to sexually transmitted infections (STIs) than any other payment source, including syphilis, chlamydia, and gonorrhea, and it insures a larger proportion of the population that is in need of STI care [5]. Care for sexually transmitted infections (STIs) is provided in a variety of venues, with a growing trend of usage in emergency departments and urgent care facilities across the country. Recent studies that analyzed the sexual health treatments that were given by two different Medicaid programs in two different states discovered significant variations in the locations where care was sought [6]. According to the "Screening for Sexually Transmitted Infections" practice manual published by the American Academy of Family Physicians, family medicine practitioners and primary care physicians are in an ideal position to provide routine STI screening and care in order to prevent transmission of STIs and future complications associated with STIs [7].

According to studies, almost one in five adults in the United States have been diagnosed with a sexually transmitted illness at some point throughout the course of the year. Furthermore, more than half of all STIs that occur occur among individuals between the ages of 15 and 24 [8]. Between the years 2011 and 2019, the number of chlamydia cases that were reported in Massachusetts grew by 38%, reaching 31,642 instances. Additionally, during that same time period, the total number of infectious syphilis cases that were confirmed more than doubled [9]. There was a roughly twofold rise in the number of female cases of gonorrhea that were recorded in Massachusetts during the same time period [9]. The number of male cases increased by about four times. Those who are sexually active in Massachusetts, those who are known to have been exposed to a sexually transmitted infection (STI), and those who begin sexual activity with a new partner are all urged to undergo STI testing [10]. In previous research, it was shown that Medicaid recipients were more likely to be recognized as engaged in high-risk sexual activities if they were female and between the ages of 15–24 and 25–34 (in comparison to those aged 35–44 and 45–60) [11]. In this particular research, members of MassHealth who were between the ages of 19 and 24 and who were female, had unstable housing or resided in neighborhoods with higher stress levels, and had greater medical morbidity were more likely to be tested for sexually transmitted infections (STIs). It is considerably higher than the findings in Medicaid populations in Maryland, where testing happened in 16–17% of Medicaid members, and quite a bit higher than in South Carolina, where testing occurred in 10–11% of Medicaid members [12]. Our finding that around 20% of MassHealth members aged 13–64 underwent STI testing is somewhat higher than the findings in Maryland[12].

The passage of the Affordable Care Act (ACA) and the expansion of Medicaid are two examples of the many changes that have been made to the healthcare system in order to enhance access to healthcare for groups that have historically been confronted with hurdles to receiving medical treatment. Even with these advancements in healthcare access, it has been observed that sexually transmitted disease (STD) clinics will continue to be significant sources of care since they are able to provide specialized services. According to the findings of a recent study that surveyed 326 health departments across the country to establish the availability of sexually transmitted disease (STD) clinical services, one-third of the health departments said that they did not have any STD-specific services accessible and were unaware of any services that were offered in their jurisdiction [13].

There is a possibility that the services provided at STD clinics are not utilized as frequently as they may be due to a lack of access to these services as well as a lack of awareness of what they are. According to the findings of a previous study that was carried out in six towns that had a high prevalence of gonorrhea, individuals who were looking for treatment for gonorrhea had a positive perception of STD clinics; nonetheless, they were still hesitant to seek treatment in those locations owing to the stigma that is associated with a sexually transmitted infection. The findings of more recent research indicate that individuals continue to seek treatment for sexually transmitted diseases (STDs) outside of public health clinics, such as emergency departments and urgent care centers, despite the fact that these establishments do not specialize in STD care [14].

Conclusion:

Sexual health care in the United States is currently facing a crisis situation with rising infection rates. Recent research shows that patients are seeking more easily available and discreet care. Meeting these criteria is a challenge. This study's findings align with our 2013 findings and include new data from STD clinic personnel, providing a current overview of patients seeking care in high morbidity locations in the United States. Future studies will involve conducting more detailed analysis of this data to gain a comprehensive knowledge of sexual health care in the US. The findings are expected to offer guidance for future efforts to enhance STD care delivery in line with HHS's federal action plan to combat the nation's STI pandemic. The initiative's core goal is to reduce HIV infections by 90% in the next decade by focusing on preventing new transmission through the use of pre-exposure prophylaxis (PrEP) for those at risk of HIV. STD clinics are key sites for expanding HIV testing and PrEP among STD patients who are not HIV-positive, as well as for promptly connecting those newly diagnosed with HIV to care. Identifying the most effective ways to deliver healthcare in places with little resources can be challenging. However, our research confirms that STD clinics play a crucial role in serving a significant number of racial/ethnic and sexual minority groups, acting as a vital support system for the most vulnerable populations.

References:

1. Chesson HW, Gift TL, Owusu-Edusei K Jr, Tao G, Johnson AP, Kent CK. A brief review of the estimated economic burden of sexually transmitted diseases in the United States: inflation-adjusted updates of previously published cost studies. Sex Transm Dis 2011;38:889–91. 10.1097/OLQ.0b013e318223be77

2. Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. Sex Transm Infect 1999;75:3–17. 10.1136/sti.75.1.3
3. Sexton J, Garnett G, Røttingen JA. Metaanalysis and metaregression in interpreting study variability in the impact of sexually transmitted diseases on susceptibility to HIV infection. Sex Transm Dis 2005;32:351–7. 10.1097/01.olq.0000154504.54686.d1
4. Guerry SL, Bauer HM, Packel L, et al. Chlamydia screening and management practices of primary care physicians and nurse practitioners in California. *J Gen Intern Med* 2005;20:1102–7. 10.1111/j.1525-1497.2005.00240.x
5. Boekeloo BO, Marx ES, Kral AH, Coughlin SC, Bowman M, Rabin DL. Frequency and thoroughness of STD/HIV risk assessment by physicians in a high-risk metropolitan area. *Am J Public Health* 1991;81:1645–8. 10.2105/AJPH.81.12.1645
6. Wimberly YH, Hogben M, Moore-Ruffin J, Moore SE, Fry-Johnson Y. Sexual history-taking among primary care physicians. *J Natl Med Assoc* 2006;98:1924–9.
7. Melville SK, Arbona SI, Jablonski CL, et al. Risk assessment practices of Texas private practitioners for sexually transmitted diseases. *Tex Med* 2004;100:60–4.
8. Tao G, Irwin KL. Gonorrhea prevention and clinical care in the private sector: lessons learned and priorities for quality improvement. *Sex Transm Dis* 2006;33:652–62. 10.1097/01.olq.0000216030.65618.0e
9. Beymer MR, DeVost MA, Weiss RE, Dierst-Davies R, Shover CL, Landovitz RJ, et al. Does HIV pre-exposure prophylaxis use lead to a higher incidence of sexually transmitted infections? A case-crossover study of men who have sex with men in Los Angeles, California. *Sex Transm Infect*. 2018;94(6):457–62.
10. Prestage G, Maher L, Grulich A, Bourne A, Hammoud M, Vaccher S, et al. Brief report: changes in behavior after PrEP initiation among Australian gay and bisexual men. *J Acquir Immune Defic Syndr*. 2019;81(1):52–6.
11. Daskalopoulou M, Rodger AJ, Phillips AN, Sherr L, Elford J, McDonnell J, et al. Condomless sex in HIV-diagnosed men who have sex with men in the UK: prevalence, correlates, and implications for HIV transmission. *Sex Transm Infect*. 2017;93(8):590–8.
12. Cabecinha M, Mercer CH, Gravningen K, Aicken C, Jones KG, Tanton C, et al. Finding sexual partners online: prevalence and associations with sexual behaviour, STI diagnoses and other sexual health outcomes in the British population. Sex Transm Infect. 2017;93(8):572–82.
13. Leichliter, J.S., O'Donnell, K., Kelley, K., Cuffe, K.M., Weiss, G., Gift, T.L., 2019. Availability of safety-net sexually transmitted disease clinical services in the US, 2018. Am J Prev Med. 58, 555–561.
14. Meyerson, B.E., Davis, A.D., Reno, H., et al., 2019. Existence, Distribution, and Characteristics of STD Clinics in the United States, 2017. Public Health Reports 134, 371–378.