SEXUALLY TRANSMITTED INFECTIONS

PRIORITIZING EARLY DETECTION OF SEXUALLY TRANSMITTED INFECTIONS (STIs)

Background
Early detection of STIs—including those that are asymptomatic—is critical to providing comprehensive sexual healthcare to patients. Doctors are often only consulted when patients are already experiencing symptoms. However, many STIs are asymptomatic and can be easy to miss.

In 2018, a group of 214 study participants received a full STI screening consisting of gonorrhea, chlamydia, syphilis, and hepatitis C testing. Of the participants who tested positive for an STI, 66% were asymptomatic. Understanding the risk factors a patient may face is important for the early detection of STIs, early treatment, and improved outcomes of care.

Why it Matters
There are several reasons why diagnosing STIs early on is important:

Early detection means early treatment. The sooner a patient is aware of their status, the sooner that the patient can begin engaging in care. Care might include treatment via medication, mental and emotional support, traditional methods of healing, and more.

Early detection can limit community spread. The sooner an individual is aware of their status, the smaller the chance that they unknowingly pass it on to a partner. By detecting infections early on, community spread can be prevented. This is a valuable aspect in the overall goal of limiting the burden of STIs both locally and nationally.

Early detection can improve the outcomes of care. A number of complications can occur when an STI remains undetected and untreated. Depending on the STI, letting it go untreated can increase the chances of co-infection, pelvic inflammatory disease, infertility, and more. This is especially important when treating patients during pregnancy. Additionally, STIs can put babies at risk for a number of complications including stillbirth, low birth weight, pneumonia, sepsis, deformities, and more.

Barriers and Difficulties in Early Detection
Several challenges can prevent the early detection of STIs:

Asymptomatic infection is common. Often times, STIs are asymptomatic and may never become symptomatic. One study estimated that between 45% and 75% of all gonorrhea and chlamydia infections were never symptomatic. Additionally, the same study estimated that between 86% and 95% of untreated gonorrhea and chlamydia cases were untreated due to the asymptomatic nature of the infection.
Stigma can make patients hesitant to seek care. Shame and stigma around STIs are a deterrent to getting tested. Patients might experience many stigma-related emotions ranging from embarrassment to fear. Stigma also varies depending on communities of race and religion.

Many social determinants of health can affect access to care. Socioeconomic factors may make access to care difficult, as well. These factors include lack of financial support, insurance, patient’s distance from a clinic, lack of reliable transportation, lack of education, and more.

Now What? How Providers and Clinics Can Promote Early Detection

Once common barriers to early detection are identified, it’s important to understand how clinicians can increase and promote early detection. There are several steps that both providers and clinic administrators can take to increase opportunities for early detection:

Identify patient vulnerability and risk factors. Understanding a patient’s lifestyle will help providers identify individuals who might benefit from increased testing. This can include patients who have unprotected sex, sex with multiple partners, men who have sex with men, persons who have sex under the influence of drugs or alcohol, existing co-infections, individual or partner history of STIs, and more.

Increase education and knowledge around STIs. Clinics and providers should distribute resources about the various STIs, risk factors and modes of transmission, what the symptoms may or may not look like, and other important information on maintaining sexual health. This increases patient knowledge and decreases the stigma around STIs.

Identify locally available resources. Gather and disseminate information about alternative transportation, low-cost insurance options, free clinics, etc. that would increase the accessibility of services and address patients’ social determinants of health.

Implement opt-out testing. Rather than waiting for a patient to request STI screening, consider offering it to patients who are more vulnerable to contracting an STI. It's important to do this using trauma-informed language to ensure the patient does not feel targeted or insulted. For patients who are too shy or embarrassed to request a screening, this can be an effective strategy.

References