Sexually Transmitted Diseases: Introduction

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Sexually Transmitted Diseases (STDs), also called **Sexually Transmitted Infections** (**STIs**), have been documented in the human population since at least the sixteenth century. The burden of disease from STDs has been closely tied to society's sexual practices, the availability of sensitive and specific diagnostic testing, and access to appropriate antibiotics. Recent advances in technology, such as smart phone sex-locator apps, and the rise of social media contribute to the spread of STDs today. Many STDs, including HIV, may be transmitted over the course of years, due to an infectious yet asymptomatic state.

In this issue, we address recent trends in STDs in Rhode Island and their optimal management. In general, STDs are most common in adolescents and young adults, who may be otherwise healthy and may not access medical care if asymptomatic. Primary care providers, as well as subspecialists, need to be comfortable taking a sexual history to identify risks for asymptomatic infection, vigilant for signs and symptoms that may indicate an STD, and able to initiate appropriate diagnostic testing and treatment or referral (Diaz, et. al., **Sexually Transmitted Diseases in Primary Care**). The importance and the concomitant challenges of partner notification/contact tracing in the context of HIV and the 2010 rise in cases of infectious syphilis cases in Rhode Island is discussed by Alexander and colleagues from the Rhode Island Department of Health (**Interrupting Transmission of HIV and other Sexually Transmitted Infections in Rhode Island**). Infectious syphilis is further addressed with detailed diagnostic and management guidelines outlined by Skowron, et. al. (**Infectious Syphilis: The Return of the Great Imitator to Rhode Island**). Kojic discusses the only vaccine-preventable STD, **Human Papillomavirus** (**HPV**), and the importance of more sensitive diagnostic tests and treatment of male partners in the optimal management of *Trichomonas vaginalis* (**Human Papillomavirus (HPV) and Trichomonas: Common, Concerning, and Challenging Sexually Transmitted Infections**). *Chlamydia trachomatis* (the most common STD in Rhode Island) and *Neisseria gonorrhoeae* are associated with substantial long-term morbidity, including pelvic inflammatory disease, infertility, pregnancy complications and neonatal infections; Chan, et. al., discuss improved diagnostic testing for these STDs in all exposed mucosal sites (**Recommendations for the Diagnosis of *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, including Extra-genital sites**.) Post-exposure management of the above STDS, as well as HIV, Hepatitis B and Hepatitis C, is addressed by Hardy in a series of likely Q & A's. (**Post-Exposure Testing and Treatment after Non-occupational Exposures To STDs and HIV**). Heightened awareness of STD trends in Rhode Island, their diagnosis and treatment, and how to facilitate partner notification and treatment, will move us closer to achieving the goal of reducing the incidence of STDs in the years to come.

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Sexually Transmitted Diseases in Primary Care

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With approximately 19 million new sexually transmitted infections occurring each year, **sexually transmitted diseases** (**STDs**) are a major public health challenge[1] both nationally and in Rhode Island (Table 1). The clinical burden of STDs ranges from acute conditions to serious and even life-threatening sequelae including cancer, ectopic pregnancy, infertility, chronic pelvic pain, spontaneous abortion, stillbirth, low birth weight, prematurity, congenital and perinatal infections, neurological damage, and death. Women, minority populations, and adolescents are disproportionately affected by STDs. Although STDs affect people of all ages, races, and sexual orientation, nearly half of new STDs occur among young people (age 15-25 years), and the incidence of STDs and their sequelae are higher among African Americans and Latinos than among non-Latino Whites.

Most patients with STDs are treated by physicians in family or internal medicine, obstetrics or gynecology[2,3] making it critical that **primary care providers** (**PCPs**) are skilled and knowledgeable of components of STD management. Primary care physicians, however, often feel that their STD counseling skills are ineffective and their STD training inadequate.[3] Many PCPs are unsure of STD treatment regimens and unfamiliar with CDC guidelines,[4] presenting a barrier to appropriate screening[5] as well as recognition and treatment of STDs.[4] Many physicians are uncertain of STD reporting requirements and partner notification standards[5] which likely contributes to the increasing disease burden locally and nationally.

Suppose a 24 year-old man with a new maculopapular rash or a 50 year-old woman who just learned her husband was having an affair came to your office as an acute visit. Do you know what questions to ask, what tests to order, whether to start treatment and with what, and what diagnoses to report to the Department of Health?