

The Role of Emergency Rooms in Diagnosing and Managing STIs

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DESCRIPTION

The rates of *Neisseria gonorrhoeae* (gonorrhea), *Chlamydia trachomatis* (chlamydia) and *Treponema pallidum* (syphilis)-the three most prevalent reportable Sexually Transmitted Infections (STIs)-continue to rise in the United States. Together, these infections account for a combined total of 2.5 million reported cases. Additionally, *Trichomonas vaginalis* (trichomoniasis), the most common non-viral STI, had an estimated prevalence of 2.6 million cases in 2018. According to the Centers for Disease Control and Prevention (CDC), about 20% of the U.S. population had an STI at any given time in 2018, with 26.2 million new infections and 67.6 million prevalent cases. The increase in STI rates may be influenced by factors such as reduced access to sexual health clinics, socioeconomic disparities and evolving social behaviors.

Health and economic impacts

STIs impose a significant financial burden on the U.S. healthcare system, costing billions of dollars annually, while contributing to preventable morbidity. The total lifetime medical costs for new STI cases are estimated at \$15.9 billion, with the majority attributed to Human Immunodeficiency Virus (HIV) at \$13.7 billion. Gonorrhea and chlamydia account for an additional \$1 billion. Beyond the economic cost, STIs have serious long-term health implications, particularly for female reproductive health. Untreated chlamydia infections, for example, can lead to pelvic inflammatory disease and infertility. Furthermore, several STIs, including trichomoniasis, increase the likelihood of acquiring and transmitting HIV. Timely recognition and treatment are essential for preventing long-term complications.

Health disparities

The rise in STIs disproportionately affects marginalized groups, including racial and ethnic minorities, sexual and gender minorities and individuals from lower socioeconomic backgrounds. Studies show higher rates of chlamydia, gonorrhea, trichomoniasis and HIV in areas with greater social vulnerability,

including those marked by income inequality and racial segregation. Additionally, pregnancy-related STI rates are higher in these areas. Incarceration is another contributing factor, with inmates facing a higher prevalence of STIs due to a combination of structural and individual risk factors. These disparities highlight the need for targeted interventions in vulnerable populations.

STIs in the emergency department

Emergency Departments (EDs) are increasingly becoming a key point of access for STI diagnosis and treatment. Data indicates a significant rise in STI-related ED visits, a trend that parallels the increasing number of positive STI test results among ED patients. Compared to outpatient clinics, patients in the ED are more likely to test positive for an STI. Between 2008 and 2013, STI diagnoses in EDs rose by 39%, a sharp contrast to the 2% increase in overall ED visits during the same period. With the defunding of sexual health clinics, EDs now play an essential role in diagnosing, treating and preventing STIs.

Health disparities are also evident in STI-related ED visits, with marginalized groups more frequently seeking care in the emergency setting. Black patients, for example, are more likely to be diagnosed with an STI in the ED compared to white patients and often receive empiric antibiotics. Studies show that black patients attending STI clinics are also more likely to seek STI care in the ED. Furthermore, repeat visits for STI-related care are common among marginalized groups, with certain populations-particularly young, female, black individuals and those without insurance or with public insurance-being more likely to have multiple ED visits for STI treatment.

Emerging diagnostic for STIs

The emerging diagnostic will examine both common and less frequent STIs encountered in the emergency setting, examining new and underutilized diagnostic strategies such as extra genital testing, Point-of-Care (POC) testing and STI screening in the ED. It will also provide up-to-date treatment recommendations and discuss proactive strategies like Expedited Partner Therapy (EPT).

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Clinical presentation and diagnosis

A nonjudgmental respectful approach to sexual history is important in the ED, as it can lead to more accurate STI risk assessments and diagnoses. The CDC's "5 P's" approach provides a structured, gender-neutral framework for taking a comprehensive sexual history. This includes asking questions about partners, practices, protection, past history of STIs and prevention of pregnancy.

CONCLUSION

The rising rates of STIs in the United States highlight the analytical public health issue, with EDs playing an increasingly

important role in their diagnosis and management. As STI cases continue to rise, particularly in marginalized populations, EDs must be prepared to offer timely and effective care. This includes adopting best practices for sexual history-taking, utilizing innovative diagnostic tools such as extragenital testing and point-of-care methods and implementing strategies like expedited partner therapy to prevent reinfection. Addressing the structural factors contributing to STI disparities and ensuring equitable care for at-risk communities are essential to controlling the spread of these infections. By incorporating these approaches, EDs can significantly improve STI prevention, diagnosis and treatment, ultimately reducing both the health and economic burden of STIs.