

# SEXUALLY TRANSMITTED INFECTIONS IN PRIMARY HEALTH CARE

Over time, estimates of sexually transmitted infection (STI) cases have been pointing to a higher incidence in developing countries<sup>(1)</sup>, and although the real magnitude of the problem is not known, these infections are possibly among the ten most frequent causes of demand for health services, with health, social, and economic consequences<sup>(2)</sup>.

In Brazil, the real epidemiological profile is unknown. There is no official estimate of the prevalence of these infections and their complications or their cost to the public health system (*Sistema Único de Saúde* – SUS). The underreporting of cases is high, resulting in a lack of knowledge about their actual incidence or prevalence, thus hampering the decision-making about interventions and evaluation of the effectiveness of actions.

This unawareness can lead to an erroneous understanding that these agents are related to diseases of the past, with minor importance and limited interest to professionals. In fact, these infections are a huge health burden, as they can represent up to 17% of economic losses caused by the health-disease binomial<sup>(3,4)</sup>.

The lack of routine diagnosis and early treatment results not only in individual health worsening, with severe consequences, but in STI continuing to be a major public health issue<sup>(2)</sup>.

The association of STIs with multiple complications has already been established, including an increase in human immunodeficiency virus (HIV) infection, and efforts to reduce them, mainly in adolescents and young adults, might have a significant impact on the morbidity of these diseases. It is crucial to develop intervention strategies on the sexual practices of young Brazilians who, despite knowing the mechanisms of prevention, still neglect to use condoms<sup>(5,6)</sup>.

One of the reasons for the resurgence of STIs in many countries is the lack of access to effective and reliable health services<sup>(7)</sup>. Diagnosis, early treatment, and vaccination are the main strategies to control STIs, as they allow the reduction of morbidity and indicate the efficiency and success of care services for people with STIs.

By adopting effective interventions, health services can improve the quality of care provided and consequently the sexual and reproductive health of the population<sup>(8)</sup>. These interventions seek to preserve individual and collective health, focusing on the transmission chain. The goals are to reduce the risks of infection, the period of transmissibility, the signs and symptoms, and prevent complications and physical and mental sequelae.

Historically, STIs are diagnosed based on clinical evaluation and/or laboratory tests. Even with high sensitivity and specificity, these laboratory tests are not available in primary health care services. In addition, they require a long time to reach the result, which leads to a delay in diagnosis and treatment. For laboratory diagnosis, health professionals usually refer patients to specialized clinics, resulting in even further delays.

The Brazilian Ministry of Health has recommended a flowchart approach to STIs to minimize the limitations of both etiological and clinical management of these infections, particularly among patients treated in primary health care, which is the gateway to the health system. This approach is an important strategy for STI management and control in places where the etiological diagnosis is difficult or

time-consuming, ensuring that people are promptly diagnosed and treated, with an optimized appointment time for counseling.

The discussion on the best approach to case management needs to be broadened and better understood. It is not a question of choosing between etiological or flowchart approach. Faced with an STI patient, the treatment should be immediate, which does not exempt the etiological investigation of the case whenever possible. This situation points to the need for STI programs to make a significant effort for secretariats of health to invest in laboratory network.

## SEXUALLY TRANSMITTED INFECTIONS IN HEALTH CARE LEVELS

In most cities, health care services work by scheduled appointments. There is little or no availability for spontaneous demand, indicating a lack of access to services and leading a large proportion of men with some STIs to seek emergency services, pharmacies, or self-medication.

Women are known to be mostly asymptomatic and are rarely investigated for possible risk behaviors. This scenario shows that guidelines for early diagnosis and treatment of STIs, whose goal is to break the transmission chain, are little known or assumed by primary health care professionals. SUS has actions to control STI in the country, but in a fragmented way and with important regional differences to consider.

STI services are usually located in specialized clinics, which causes the stigma of seeking them out among the population. Conversely, etiologic diagnosis becomes prominent in a context of scarce laboratory backup, leading to a low-resolution level for health professionals.

There is little emphasis on prevention, such as health education, information to recognize signs and symptoms, early search for assistance, media campaigns, among others.

With primary (education, condom, vaccine) and secondary (early diagnosis and treatment) control strategies, the incidence of STIs and, consequently, of HIV will decrease.

## ASSISTANCE TO SEXUALLY TRANSMITTED INFECTION PATIENTS IN PRIMARY HEALTH CARE

It is essential to optimize financial and human resources to offer care to individuals with STIs in basic health units. Therefore, an intersectoral approach must be established to add activities and promote a flow in which all services are affordable and effective, providing diagnosis and treatment without stigmatization.

Due to the large number of asymptomatic infections among women and the existing studies showing the high prevalence rates of some STIs in this population, managers should consider implementing routines with the acquisition of necessary and indispensable

inputs to screen this large contingent of asymptomatic women, which ultimately will be the main victims of the resulting complications and sequelae.

A reference service to diagnose cases unresolved by the primary health care level – an estimated average of 5% – is necessary. These services should be part of the SUS structure or follow its basic principles of universality, regionalization, hierarchization, and integrality (municipal, state, and federal departments; universities; philanthropic services), and be selected by State and Municipal Coordination, networking with primary health care units.

The topics presented here occur in Brazil and can, with many similarities, happen in several countries worldwide, indicating the need to reorganize the health care model for people with STI complaints seeking assistance. To recover the management of these diseases, we must reassess all care levels, especially primary health care, which is the gateway to the health system, as well as to laboratory network.

The increasing impact of STIs on sexual and reproductive health and the link between them and the prevention of sexual transmission of HIV are a priority public health issue in our times.

STIs can be brought under control as long as there is enough political will with mobilization of resources to implement the required programs and research.

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## Conflict of interests

Each author had equal participation in the writing and final revision of this work.

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