

Existence of a Safety-Net Sexually Transmitted Infection (STI)

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Editorial

Sexually transmitted illness services provided as a safety net can help to reduce disease spread. The availability of safety-net sexually transmitted disease clinical services in the United States is examined in this study. A survey of local health departments in the United States in 2018 looked at the availability of safety-net providers and specialised sexually transmitted disease clinical services, such as point-of-care testing and treatment. RaoScott chi-square tests were employed in 2019 to compare the availability of services by clinic type (sexually transmitted disease clinic versus other clinics).

The survey was completed by 326 local health departments (49 percent response rate). A clinic in their jurisdiction provided safety-net sexually transmitted disease services to 64.4 percent of respondents. Medium and large jurisdictions were more likely to have a safety-net clinic that provided sexually transmitted disease care. In 40.5 percent of jurisdictions, sexually transmitted illness clinics served as the main provider. The primary STD safety net clinic provides a wide range of specific sexually transmitted diseases services. Most clinics provide HPV vaccination and appropriate on-site treatment for gonorrhea and syphilis. Less than a quarter of clinics provide dark-field microscopy or rapid plasma reagin syphilis testing at the point of care. Compared with other clinics, the STD clinic provides more frequent services, including same-day service, hepatitis B vaccination, rapid plasma reagin test (syphilis), any on-site gonorrhea care, on-site care test for trichomoniasis, and genital Chlamydia Or gonorrhea test. One-third of local health departments reported that personally transmitted disease protection services did not have or did not know the services, and the availability of specific services varied. Without expanding resources, local health departments can explore cooperation with the health

system and innovations in testing to expand sexually transmitted disease services.

The public health department is the main organization responsible for the health of the community, regardless of whether they directly provide health care services. Links to health care services, or the provision of health care services when services are not available in the community, is one of the 10 basic public health services. Although most health departments are underfunded, many departments often provide this basic public health service, which can be especially important in smaller areas. In some areas, federally qualified health centers may provide safety net health care services on behalf of the health department. The 2013-2014 Local Health Department (LHD) survey (limited to departments that previously reported providing STD testing or treatment) examined the capabilities of the safety net STD clinical services. In most of these jurisdictions, combined STD and family planning clinics (31%), general public health clinics (26%), and STD clinics (22%) are the main referral points for STD services. for LHD.

Therefore, it is necessary to examine the ETS clinical services in the larger LHD samples to better describe the ETS services of the safety nets in the United States. Point of Care (POC) tests and treatments because they are important to prevent transmission. The availability of safety net services for STD 4,444 varies, vaccination and treatment are the most frequently reported services, and the availability of critical STD tests 4,444 varies. STD clinics tend to have better STD test availability. STDs are one of the most frequently reported infectious diseases in the United States, and funding is linked to the decline in the incidence of STDs in subsequent years. Additionally, sexually transmitted diseases are associated with HIV and adverse pregnancy outcomes. Therefore, given the current funding environment, LHD can explore innovations in collaboration and testing with the healthcare system to expand ETS services.

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