

### Transcript Details

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## The Role of Emergency Departments in STI Testing

Announcer:

This is REACHMD. Welcome to this Medical Industry Feature titled, "The Role of Emergency Departments in STI Testing," sponsored by Cepheid. This program is intended for physicians.

Dr. May:

I'm Dr. Larissa May, Professor of Emergency Medicine, and Director of Emergency Antibiotic Stewardship, at the University of California-Davis.

Rates of Chlamydia and Gonorrhea have been climbing in recent years. From 2011 to 2013, the number of emergency department visits that included a sexually transmitted infection (or STI) diagnosis increased by nearly 40% compared to that seen from 2008 to 2010, based on nationally representative data.<sup>1</sup>

Due to the increased incidence, along with a deteriorating public health infrastructure, and difficulties with access to care for underserved populations, these STIs are being seen more frequently in emergency departments.

Even more concerning, the number of visits for STI care in the Emergency Department has risen at a faster rate than the number of ED visits for *all* other indications.<sup>1</sup>

Likewise, the use of antibiotics for STIs has outpaced their corresponding use for other indications, heightening risks of antibiotic resistance among this increasing patient population.<sup>1</sup>

Sexually transmitted infections are commonly treated in EDs, with up to 17% of visits for STIs being seen and managed in hospital-based Emergency Departments.<sup>2</sup>

The management of STIs in the EDs is particularly challenging because patients don't receive longitudinal care in these care settings, and because STI diagnostic tests have traditionally taken up to 4 days to receive a result.<sup>3</sup>

This lack of follow up can lead to:

- Undertreatment – where STIs go unrecognized with significant public health implications as well as
- Overtreatment – where patients with STI symptoms are administered unnecessary antibiotics empirically, despite the fact that less than 15% of patients with STI symptoms have gonorrhea or chlamydia.<sup>3</sup>

This empiric treatment approach can lead to antibiotic resistance, which has recently been observed with gonorrhea.<sup>4</sup>

But in either case of undertreatment or overtreatment, the common problem is a prolonged length of time from specimen testing to test results. The downstream consequences to loss of follow up for positive test results, from diminished public health reporting to missed partner notifications, challenges our ability to provide quality care while increasing administrative burdens on emergency departments.

Clearly, what's needed is a paradigm shift in the way clinicians diagnose STI's.

Recently, STI testing technology has improved with fast molecular diagnostic tests that are currently available with high sensitivity and specificity for CT/NG and Trichomonas from urine, endocervical, and urethral specimens, as well as self-collected vaginal specimens.

The key takeaway for the implementation of these fast and accurate diagnostic tools for emergency department patients is their potential to:

- Facilitate same-visit treatments,
- Reduce the need for empiric antibiotic therapy,
- Promoting evidence-based medicine and
- Improve adherence to treatment regimens, as well as

Increasing the likelihood of patients getting notified of their results with significant impact to public health and clinical outcomes

Thank you for joining me to discuss the role of Emergency Departments in STI Testing.

Announcer:

This is REACHMD. The preceding program was sponsored by Cepheid. If you have missed any part of this discussion, visit [ReachMD.com/STIEmergency](https://ReachMD.com/STIEmergency).