Risk profile of patients diagnosed with a sexually transmitted infection: a comparison of patients consulting general practices (SGP) and specialised sexual health clinics (SHC) in Belgium, 2013-2014

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Background
Assuming that STI patients visiting specialized sexual health centers (SHC) and general practitioners (GP) have different risk profiles triggered STI surveillance by GP. The aim was to compare patients characteristics and to explore the contribution of different health care settings to STI control.

Methods
STI surveillance exists since 2000 by voluntary participation of gynecologists, dermatologists, the low threshold medical centers for sex workers (SW), STI clinics, and AIDS reference centers (ARC), collecting socio-demographic, testing and behavioral data. They are defined as SHC. In order to compare STI patients consulting GP and SHC, the GP sentinel network was invited to participate STI surveillance in 2013 and 2014. Two-sample proportion test was used to test for significant differences.

Results
GP (N=160) and SHC (N=21) reported respectively 439 and 1899 STI episodes from respectively 412 and 1695 patients. STI patients did not differ in gender, age and education (table 1), as well as for STI-coinfected and reinfection (table 2).

![Image](image.png)

GP patients consulted more because of a STI patients (63%; SHC:42%), while the SHC performed more screening (GP:20%, SHC:38%). GP diagnosed more genital warts (GP:20%; SHC:5%) but slightly less Chlamydia (GP:46%; SHC:52%) and syphilis (GP:10%; SHC:15%) than the SHC. (Table 2) The SHC patients mentioned more multipartnership (GP:40%; SHC:7%) and used more condoms (GP:19%; SHC:45%). The proportion of MSM and SW was higher in SHC (respectively 29%, 68%) than in GP (respectively 1%, 16%). (Table 3) The proportion of MSM by STI, with exception of genital warts, was always higher in SHC and was strongest for syphilis (GP:52%, SHC:92%).

![Image](image.png)

Conclusions:
STI patients were comparable for age and gender in the 2 types of health care settings. GP screened less for STI and diagnosis was made in case of a particular complaint. High risk groups (MSW, SW) were more seen in SHC than in the GP network because they were mainly diagnosed by ARC, STI clinics and medical centers for sex workers. The lower risk profile of GP patients could be dedicated to lower STI knowledge and risk awareness, by as well the GP and the patient not belonging to a known risk group. Therefore, it is recommended to continue the low-threshold sexual health counseling and consultation by the ARC, STI clinics and FP clinics. It is also recommended to train GP *s in STI counseling, in opportunistic screening with risk factor awareness and to strengthen condom use in general.

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