

About this Issue

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Sexually transmitted infections (STIs) have plagued mankind for all of recorded history. Despite medical and technologic advances, they continue to be a significant cause of morbidity today. Clinicians and public health practitioners alike continue to grapple with the difficulties around prevention, early identification and adequate treatment of these diseases that are so closely intertwined with human behavior.

There is much to celebrate with regard to STIs. New and efficient diagnostic modalities such as nucleic acid testing for gonorrhea, chlamydia, and trichomonas are largely replacing the older and slower methods. Effective and relatively easy therapeutic options have emerged for the treatment of HIV and Hepatitis C. Effective vaccines against Human papillomavirus are now widely available.

Nonetheless, several challenges remain in the campaign against STIs. There are the age-old challenges of modifying human behavior (issues which impact condom use, number of sexual partners, uptake of HPV vaccination), and of reducing the impact of stigma on the identification and adequate treatment of STIs.

In addition, in 2016 we are faced with new and increasing challenges related to STIs. There is the ongoing problem of emergence of antibiotic resistance in gonorrhea isolates. There is the use of social media and digital apps as a means of networking that has increased, by several orders of magnitude, the complexity of sexual networks and the numbers of sexual partners any given individual can have easy access to. There is also the not often discussed problem of what appears to be an ever-shrinking “traditional” (government-funded) public health workforce. Often considered the front line agents in the work to combat STIs, health departments in the U.S are experiencing significant reductions to their workforce as noted by the Association of State and Territorial Health Officers (ASTHO), with even more reductions likely in the near future due to retirements and also due to further reduction in funding for these agencies.

All of these underscore the need for all individuals and entities, who are even remotely interested in promoting the health of the public, becoming engaged in the work to combat STIs. This would include not just publicly (government) funded agencies like health departments, but also non-profits and for-profit organizations as well as individual clinicians and public health practitioners. Perhaps nothing illustrates better this need for cross-sector collaboration than the “new kid on the (STI) block”- Zika virus, which has now become the organism most recently identified to be transmitted via the sexual route.

It is my hope that as you review the articles contained in this issue of the journal, you will not only learn the latest and the best about the STIs described here, but that you will also begin to identify ways you and your agency or group can join forces with all of us in Delaware who are in the trenches working to mitigate the impact of these diseases on the lives and well-being of our friends, families, co-workers and neighbors.

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