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SEXUALLY TRANSMITTED INFECTIONS IN SPECIALIZED SERVICE: WHO THEY ARE AND WHO HAS THEM?

AS INFECÇÕES SEXUALMNETE TRASMISSÍVEIS EM SERVIÇO ESPECIALIZADO: QUAIS SÃO E QUEM AS TEM?

LAS INFECCIONES SEXUALMNETE TRASMISIBLES EN SERVICIO ESPECIALIZADO: ¿CUÁLES SON Y QUIEN LAS TIENE?

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ABSTRACT

Objective: to analyze the occurrence of STI / AIDS in the service of Sanitary Dermatology. ***Method:*** quantitative, ecological, retrospective, descriptive and exploratory study on the STIs diagnosed in the service, in the period of three years, from the records of attendance / medical records and the compulsory notification. The data was stored in an Excel spreadsheet and presented in frequency tables. ***Results:*** the medical records of 8560 users were analyzed, of which 379 presented STIs with compulsory notification. In three years, the number of notifications doubled. Prevalence was of male sex (93.1%), young adults (less than 40 years) and white (75.2%). There was an equivalence between heterosexuals, homosexuals and bisexuals, all with a high level of schooling (50.4% with high school and 23%, university). The most frequent diseases were: syphilis (48.6%), more frequent in homosexuals; trichomonas (18.4%); AIDS (14.8%) and 12 gonorrhea (14.6%), a higher incidence in heterosexuals. HPV was present in 500 users. ***Conclusion:*** STIs have increased over the years, with important changes in the population profile. It is urgent to include the actions of prevention of STIs in an early manner in education and health care. ***Descriptors:*** Sexual Transmitted Infection; Basic Attention; Epidemiological Surveillance; Nursing; Prevention; Promotion.

RESUMO

Objetivo: analisar a ocorrência das IST/Aids em serviço de Dermatologia Sanitária. ***Método:*** estudo quantitativo, ecológico, retrospectivo, descritivo e exploratório sobre as IST diagnosticadas no serviço, no período de três anos, a partir das fichas de atendimento/prontuário e a de notificação compulsória. Os dados foram armazenados em planilha Excel e apresentados em tabelas de frequência. ***Resultados:*** foram analisados os prontuários de 8560 usuários atendidos, sendo que 379 apresentaram IST de notificação compulsória. Em três anos, dobrou o número de notificações. Predominou o sexo masculino (93,1%), adultos jovens (menos de 40 anos) e raça branca (75,2%). Houve equivalência entre os heterossexuais, homo e bissexuais, todos com elevado nível de escolaridade (50,4% com ensino médio e 23%, o universitário). As doenças de maior ocorrência foram: a sífilis (48,6%), mais frequente em homossexuais; tricomonas (18,4%); Aids (14,8%) e 12 gonorreias (14,6 %), maior incidência em heterossexuais. O HPV esteve presente em 500 usuários. ***Conclusão:*** as IST vêm aumentado no decorrer dos anos, com importante mudança no perfil da população. É premente a inclusão das ações de prevenção das IST de forma precoce na educação e atendimento à saúde. ***Descritores:*** Infecções Sexualmente Transmissíveis; Atenção Básica; Vigilância Epidemiológica; Enfermagem; Prevenção; Promoção.

RESUMEN

Objetivo: analizar la ocurrencia de las IST / SIDA en servicio de Dermatología Sanitaria. ***Método:*** estudio cuantitativo, ecológico, retrospectivo, descriptivo y exploratorio sobre las IST diagnosticadas en el servicio, en el período de tres años, a partir de las fichas de atención / prontuario y la de notificación obligatoria. Los datos se almacenaron en la hoja de cálculo de Excel y se mostraron en tablas de frecuencia. ***Resultados:*** se analizaron los prontuarios de 8560 usuarios atendidos, siendo que 379 presentaron IST de notificación obligatoria. En tres años, se duplicó el número de notificaciones. Se predijo el sexo masculino (93,1%), adultos jóvenes (menos de 40 años) y raza blanca (75,2%). Se observó una equivalencia entre los heterosexuales, homo y bisexuales, todos con elevado nivel de escolaridad (50,4% con enseñanza media y 23%, el universitario). Las enfermedades de mayor ocurrencia fueron: la sífilis (48,6%), más frecuente en homosexuales, tricomonas (18,4%); Sida (14,8%) y 12 gonorrea (14,6%), mayor incidencia en heterosexuales. El HPV estuvo presente en 500 usuarios. ***Conclusión:*** las IST han aumentado en el transcurso de los años, con un importante cambio en el perfil de la población. Es urgente la inclusión de las acciones de prevención de las IST, de forma precoz en la educación y atención a la salud. ***Descriptores:*** Infecciones Sexualmente Transmisibles; Atención Básica; Vigilancia Epidemiológica; Enfermería; Prevención; Promoción.

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INTRODUCTION

Sexually Transmitted Infections (STIs) are distinct sets of infections that have the intertextuality of being transmitted through sexual contact[1-2] and are recognized as a major public health problem worldwide, with greater visibility since the 1980s when emerged the first cases of AIDS.[2]

STIs are amenable to prevention and treatment, but, in fact, it is difficult to know their prevalence in the world and their singularities per country, given the fragility and inadequacy of epidemiological surveillance systems. Although compulsory reporting is an important tool for the investigation of epidemiological data, it does not cover all STIs, but only those that pose a collective risk, such as AIDS / HIV, viral hepatitis and syphilis.[3]

The Notification of Injury Information System (NIIS), implemented since 1990, processes and analyzes the data reported to create a morbidity profile of the national territory.[4] Compulsory notification (CN) is made in the situation where the legal norm requires health professionals and community members to report to the sanitary authority the occurrence of illness or injury that is under epidemiological surveillance.[5] However, as neither all STIs are of compulsory notification, there is a shortage of data that corroborate the objective reality of these diseases in Brazil[5]. In the current scenario, for example, there is the vaccine against HPV, but this disease is not included in the list of diseases of compulsory notification, which makes it difficult to see the problem and evaluate the effectiveness of the vaccine.

It is added that STIs are considered to be difficult to detect infections because they can manifest asymptomatically or sometimes present few symptoms,[6] as demonstrated in a study carried out in 2012, which investigated the prevalence and symptoms of STIs, in which the majority, in the initial phase, were characterized by discharge, injury, dysuria and warts.[6] Two years later, another study indicated that a large part of the population was asymptomatic, requiring STI tracing in non-clinical settings[7], which is not different from the present days. Knowledge and attitudes towards STIs are highlighted in many studies in different age groups. Studies show that an increase in STIs in the elderly is due to unsafe sexual practices such as the non-use of condoms and, considering HIV infections, this increase is due both to the aging of seropositive individuals in antiretroviral therapy and to new cases. Moreover, on the other hand, there is no recognition of risk by the health professionals themselves.[8-9]

Researchers[6] who studied STIs in bisexual and homosexual women evaluated that there is a lack of preparedness of health professionals about the care of lesbian and bisexual women and that professionals show little sensitivity to address the health needs of this population. They also evaluated that, in intercourse between women, condom use is improvised.

Several incentives have been implemented by the country in order to prevent this phenomenon. The last Ministry of Health Decree[10], No. 3,276, dated December 26, 2013, regulates the financial incentive to fund surveillance, prevention and control of STI / AIDS and Viral Hepatitis.[10] With the exception of STIs caused by viruses, there are effective treatments for all of them provided there are preventive programs and basic care network.

Thus, in the face of calls from the media about the resurgence of STIs in various population groups, whether users of health care facilities, street users, drug users, as well as the difficulty of providing adequate treatment and the consequent increase in strains resistant, it was aimed to perform this study in the Specialized Outpatient Clinic in Sanitary Dermatology, seeking to know who are the people who seek the unit and which are the most prevalent STIs.

OBJECTIVES

- To analyze the occurrence of STI / AIDS in the Sanitary Dermatology department.
- To Identify the sociodemographic profile, the most prevalent STIs and sexual habits of the population served in the Sanitary Dermatology service.

METHOD

Quantitative, ecological, retrospective, descriptive and exploratory study, carried out from January 2013 to December 2015, at the Geraldo de Paula Souza School Health Center (GPSSHC), the first Latin American Health Center linked to the Faculdade de Saúde Pública da University of São Paulo

(FSP-USP). It began its activities in 1925 and care in the area of STI / AIDS began in 1981. This Basic Health Unit (BHU) serves the population of the neighborhoods of Jardim Paulista and Pinheiros, approximately 94 thousand inhabitants. The STI / AIDS service began in 1981, by spontaneous demand, regardless of the area of origin. In this service, the etiological approach is performed, reducing the possibility of error that may occur in the syndromic approach. The laboratory carries out the examinations (in approximately 40 minutes) after the medical evaluation, allowing to confirm the diagnosis and to indicate or to apply the specific medication.

Data were collected after a survey of all the enrollments made in the period, through the records of notifications by the Information System of Notification Diseases (NIIS) and books of records of screening for care. STIs of compulsory notification were included (AIDS, HIV in the pregnant / exposed child, syphilis in gestation and congenital syphilis).

For the analysis, the following epidemiological data were considered: sex, age, race, marital status, profession, schooling, sexual choice and diagnosis. The data were stored in an Excel spreadsheet and presented in frequency tables. For some diseases that are not compulsory notification, but which are part of the STI role, the registry of screening of care was used.

RESULTS

In the reference service in Sanitary Dermatology, an average of 40 consultations per day are performed between return and new cases. In the period from January 2013 to December 2015, 8560 appointments were made. Of these, 1303 new patients were enrolled, and 379 had some compulsory notification STI: 89 patients in 2013, 133 in 2014 and 157 in 2015.

The data show an increasing increase, evidencing that the number of notifications in 2015 doubled compared to the year 2013, according to table 1.

Table 1. Socio-demographic characteristics of patients with STD users with CSEGPS. São Paulo, 2016.

Characteristics	2013		2014		2015		Total	
	nº	%	nº	%	nº	%	nº	%
Sex								
Female	7	7.9	5	3.8	14	8.9	26	6.9
Male	82	92.1	128	96.2	143	91.1	353	93.1
Sub Total	89	100.00	133	100.00	157	100.00	379	100.00
Age								
15-25	31	34.8	36	27.1	56	35.7	123	32.5
26 to 40	42	47.2	63	47.4	75	47.8	180	47.5
41-60	16	18.0	31	23.3	22	14.0	69	18.2
61 and over	0	0.0	3	2.3	4	2.5	7	1.8
Sub Total	89	100.00	133	100.00	157	100.00	379	100.00
Breed								
White	62	69.7	98	73.7	125	79.6	285	75.2
Black	14	15.7	16	12.0	5	3.2	35	9.2
Brown	13	14.6	19	14.3	27	17.2	59	15.6
Yellow	0	0.0	0	0.0	0	0.0	0	0.0
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0
Education								
Illiterate	0	0.0	0	0.0	1	0.6	1	0.3
1st to 4th Series	13	14.6	9	6.8	14	8.9	36	9.5
Teaching Fund.Compl.	14	15.7	26	19.5	24	15.3	64	16.9
High School	43	48.3	63	47.4	85	54.1	191	50.4
Teaching Sup.	19	21.3	35	26.3	33	21.0	87	23.0
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0

It was verified the predominance of males in all the studied years, totaling 353 patients (93.1%). Regarding females, despite their low incidence (6.9%), there was a significant increase in the year 2015, according to table 1.

With few exceptions, patients' profiles regarding age, race and schooling were similar in all analyzed years, according to table 1.

The STI affected more young adults, with 80% of those under 40 years of age. In contrast, it was found in only 1.8% of the elderly attending the BHU, according to table 1. Likewise, the white race was the most present (75.2%), followed by the

brown (15.6%). It was noticed that there were no yellow patients according to table 1.

In this population, only one patient was illiterate, 50.4% completed high school and 23% had higher education, according to table 1. The same table shows that there was an evolution of schooling, with a decrease of of 14.6% in 2013 to 8.9% in 2015, increasing the frequency of those with a complete secondary level, from 48.3% (2013) to 54.1% (2015).

As there was a diversity of occupations, these were grouped together and it is observed that those belonging to the group of Personnel of Services and Sellers stood out, with 32.6% in 2013, 30.1% in 2014 and 9.8% in 2015, followed by unskilled workers, with 15.7%, 11.3% and 15% respectively for the years 2013, 2014 and 2015, showing the persistence and increase in this group. The group of specialists in the intellectual and scientific professions, which had a significant amount of 12.4%, 17.3% and 9.2%, respectively, in the studied years, indicated a tendency for individuals with higher instruction. Truck drivers, quite frequent among users of the unit, in this study had little representation, with only three.

Table 2. Sexual habits regarding sexual orientation in CSEGPS users. São Paulo, 2016.

Characteristics	2013		2014		2015		Total	
	nº	%	nº	%	nº	%	nº	%
Sexual Preference								
3 Heterosexual	35	39.3	70	52.6	66	42.0	171	45.1
Homosexual	40	44.9	48	36.1	67	42.7	155	40.9
Bisexual	14	15.7	15	11.3	24	15.3	53	14.0
Sub Total	89	100.00	133	100.0	157	100.0	379	100.0
Fixed Partner								
Yes	53	59.6	81	60.9	82	52.2	216	57.0
No	36	40.4	52	39.1	75	47.8	163	43.0
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0
Num.Parc.Ult. Month								
0	15	16.9	16	12.0	26	16.6	57	15.0
1	47	52.8	76	57.1	83	52.9	206	54.4
2 to 4	21	23.6	33	24.8	38	24.2	92	24.3
5 or more	6	6.7	8	6.0	10	6.4	24	6.3
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0
I use condoms								
Yes	63	70.8	92	69.2	137	87.3	292	77.0
No	26	29.2	41	30.8	20	12.7	87	23.0
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0
Previous STD								
Yes	39	43.8	57	42.9	70	44.6	166	43.8
No	50	56.2	76	57.1	87	55.4	213	56.2
Sub Total	89	100.0	133	100.0	157	100.0	379	100.0

Regarding affective-sexual orientation, 45.1% were heterosexual, 40.9% were related to same-sex couples, and 14.0% said they were bisexual, and 57.0% reported a fixed partner, according to table 2.

Over the past 30 days, 54.4% reported having had sexual intercourse with only one partner, 24.3% between two and four, and 6.3% with five or more partners. However, 15% said they had none. It was observed that the amount of the user-partner relationship has also been maintained over the period, although in the last year the percentage of people with no partner has increased.

Of the users served, 43.8% had STIs previously, a percentage that has been maintained over the three years. It was pointed out that 77% of them reported using condoms even though they came to the unit because of a problem related to IST, and when analyzing year after year, the percentage of use has increased, being 18.1% higher than in the previous year, according to table 2.

Still according to table 2, in the last year 31.4% reported having had sexual intercourse with only one partner, 35.1%, two to four and 33.5% with five or more partners. A more detailed analysis shows that homosexuals and bisexuals had a greater number of partners (five or more), that heterosexuals had an increase in the last year, that is, from 32.5% in 2013, to 43.9% in the year of 2015, as opposed to the decrease of having a single partner, which

increased from 47.5% to 25.8%, respectively, in 2013 to 2015. Heterosexuals have the lowest number of partners.

It was also verified that the percentage of individuals who had previous STI is greater for homosexuals and bisexuals, throughout the period of analysis, except for the last year, which showed a higher incidence for bisexuals, according to table 2.

Table 3. Sexual habits regarding sexual orientation in CSEGPS users. São Paulo, 2016.

Num. Instal. In the last year	2013								2014								2015								Total Geral	
	Het.		Homo		Bi		Total		Het.		Homo		Bi		Total		Het.		Homo		Bi		Total			
	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%
1	14	40.0	19	47.5	1	7.1	34	38.2	22	31.4	15	31.3	3	20.0	40	30.1	25	35.7	17	25.8	3	14.3	45	28.7	119	31.4
2 to 4	11	31.4	8	20.0	9	64.3	28	31.5	31	44.3	17	35.4	6	40.0	54	40.6	24	34.3	20	30.3	7	33.3	51	32.5	133	35.1
5 or more	10	28.6	13	32.5	4	28.6	27	30.3	17	24.3	16	33.3	6	40.0	39	29.3	21	30.0	29	43.9	11	52.4	61	38.9	127	33.5
Totals	35	100.0	40	100.0	14	100.0	89	100.0	70	100.0	48	100.0	15	100.0	133	100.0	70	100.0	66	100.0	21	100.0	157	100.0	379	100.0
Fixed partner																										
Yes	24	68.6	24	60.0	5	35.7	53	59.6	45	64.3	29	60.4	7	46.7	81	60.9	40	57.1	34	51.5	8	38.1	82	52.2	216	57.0
No	11	31.4	16	40.0	9	64.3	36	40.4	25	35.7	19	39.6	8	53.3	52	39.1	30	42.9	32	48.5	13	61.9	75	47.8	163	43.0
Totals	35	100.0	40	100.0	14	100.0	89	100.0	70	100.0	48	100.0	15	100.0	133	100.0	70	100.0	66	100.0	21	100.0	157	100.0	379	100.0
Condom Use																										
Yes	24	68.6	29	72.5	10	71.4	63	70.8	49	70.0	31	64.6	12	80.0	92	69.2	59	84.3	57	86.4	21	100.0	137	87.3	292	77.0
No	11	31.4	11	27.5	4	28.6	26	29.2	21	30.0	17	35.4	3	20.0	41	30.8	11	15.7	9	13.6	0	0.0	20	12.7	87	23.0
Totals	35	100.0	40	100.0	14	100.0	89	100.0	70	100.0	48	100.0	15	100.0	133	100.0	70	100.0	66	100.0	21	100.0	157	100.0	379	100.0
Previous STD																										
Yes	13	38.2	20	48.8	6	42.9	39	43.8	25	35.7	25	52.1	7	46.7	57	42.9	31	44.3	31	47.0	8	38.1	70	44.6	166	43.8
No	21	61.8	21	51.2	8	57.1	50	56.2	45	64.3	23	47.9	8	53.3	76	57.1	39	55.7	35	53.0	13	61.9	87	55.4	213	56.2
Totals	34	100.0	41	100.0	14	100.0	89	100.0	70	100.0	48	100.0	15	100.0	133	100.0	70	100.0	66	100.0	21	100.0	157	100.0	379	100.0

During the period between higher STIs, syphilis predominated, with a frequency of 48.6% (243). They followed trichomonas, with 18.4% (58), AIDS, with 14.8% (74) and gonorrhea, with 14.6% (72), according to table 3.

When analyzing the behavior of syphilis during the period, it was verified that, despite presenting a higher incidence in the three years, showed an oscillation, that is: of 52.1% in 2013; 44.3% in 2014, and rising again in 2015, with 50.2%. It was also noted that its incidence is higher (almost double) in the population of homosexuals than in heterosexuals, according to table 3.

On the other hand, gonorrhea accounted for more heterosexuals than homosexuals in all analyzed years, according to table 3.

Table 4 shows a STI with some diseases that are not compulsory, but were diagnosed in the consultation because they are associated with some STI. As already reported, the Service has a book of screening records for care, where the diagnoses are recorded, through which it was possible to show the incidence of other STIs not registered in NIIS, according to table 4.

By way of registration, it was not possible to detail the characteristics of the users as the others reported in NIIS.

Table 4. DST reported in CSEGPS users. São Paulo, 2016.

	2013								2014								2015								General Total	
	Hetero		Homo		Bi		Total		Hetero		Homo		Bi		Total		Hetero		Homo		Bi		Total			
Diseases	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%	nº	%
Aids	8	16.7	9	18.0	3	15.8	20	17.1	12	12.2	4	7.1	4	20.0	20	11.5	15	15.8	10	12.7	9	25.7	34	16.3	74	14.8
Soft cancer	1	2.1	1	2.0	0	0.0	2	1.7	2	2.0	0	0.0	0	0.0	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0	4	0.8
Gonorrhea	12	25.0	4	8.0	3	15.8	19	16.2	20	20.4	7	12.5	1	5.0	28	16.1	14	14.7	5	6.3	7	20.0	26	12.4	73	14.6
Herpes	1	2.1	1	2.0	0	0.0	2	1.7	1	1.0	0	0.0	0	0.0	1	0.6	2	2.1	1	1.3	0	0.0	3	1.4	6	1.2
HPV	1	2.1	1	2.0	1	5.3	3	2.6	1	1.0	2	3.6	0	0.0	3	1.7	2	2.1	0	0.0	0	0.0	2	1.0	8	1.6
Siflis	18	37.5	32	64.0	11	57.9	61	52.1	27	27.6	37	66.1	13	65.0	77	44.3	34	35.8	58	73.4	13	37.1	105	50.2	243	48.6
Trichomonas	7	14.6	2	4.0	1	5.3	10	8.5	35	35.7	6	10.7	2	10.0	43	24.7	28	29.5	5	6.3	6	17.1	39	18.7	92	18.4
Totals	48	100.0	50	100.0	19	100.0	117	100.0	98	100.0	56	100.0	20	100.0	174	100.0	95	100.0	79	100.0	35	100.0	209	100.0	500	100.0

By this registry, a total of 1027 STI was found, contemplating 15 different diagnoses. In the whole period, condyloma acuminata (48.6%), followed by candidiasis, with 17.4% (179) and herpes, with 10.5% (108). It can be noticed that these diseases maintained similar frequency in the three years studied, according to table 4.

The unit does not follow up on HIV / AIDS and hepatitis, however, they were diagnosed because they were associated with other diseases / complaints that led the patient to seek the service. In the period, 74 cases of HIV / AIDS, 174 cases of Hepatitis B and 45 cases of Hepatitis C were diagnosed and all were referred to the Specialized Care Services (SCS).

DISCUSSION

According to WHO, the exact magnitude of STIs in Brazil and in the world has not yet been established, and although there are information systems for the surveillance of these diseases, in some countries they are not always reliable.[12]

Patients' profiles regarding age, race and schooling with STIs were similar in all studied years, showing a higher frequency in young adults, less than 40 years old, corresponding to individuals with more active sexual life, as already indicated in other publications.[14]

There was a predominance of white patients, as already pointed out in previous studies for the same region, [13,15] although other studies present a case series with a higher incidence of brown color.[13-4,16] It is interesting to note that there was no user of yellow race, perhaps because they rarely attend public services.

The users of the Unit had, in general, a high degree of schooling and that it has improved over the years. It was found that almost a third of this group had a university degree and only one was illiterate, contrary to other studies that show that STI carriers generally have a low level of schooling.[14]

Although data indicate that the prevalence of non-knowledge decreases as the years of study increase, [16-7] a more recent article showed that, even among university students, 14% did not know about STIs, 50.4% knew that they could be asymptomatic, 63.8% knew about the use of condoms, but that 66.7% of the sexually active had multiple partners.[18]

The sample of this study also reveals that the gender, especially the unprotected, is independent of the level of schooling, although it is expected that individuals with university level, with greater access to information, will be more aware of the care with their protection and, consequently, , the lower the risk of contracting STIs.[14]

The facilities of modern life and the increase in life expectancy, which in this case include hormonal replacement and medications to improve sexual performance, have allowed the elderly the opportunity to rediscover new experiences, among them, the experience of sexuality. As a result, STIs have been increasing in the elderly, [9] but in this group they were a minority, despite a slight increase in the period.

As the population of this study was composed of several professions, these were grouped, with the emphasis on service personnel and salespeople, followed by intellectual and scientific specialists, compatible with school education and, again, contrary to those presented by other studies in which it is emphasized that unemployment, low schooling, among other issues expose some groups to the risk situation.[16] Truck drivers, indicated in several studies as the profession with the highest incidence of STIs, [17] were frequent users of the unit in the past, however, with low demand in recent years.

The affective-sexual orientation of this group was greater for homo and bisexuality, and although more than half claimed to have fixed partner, contradictorily, in the interview, a much smaller number stated to have had sexual intercourse with only one partner in the last month. The frequency of users who had five or more different partners in the last year equals those who reported having two to four, totaling more than half of users and contradicting the affirmative of fixed partner. These behaviors are more frequent in homosexuals and bisexuals, however, the data show that heterosexuals, over the years, have tended to present the same behavior, as already pointed out by Folasayo et al, 2017.[18]

Considering that heterosexuals, homosexuals and bisexuals have shown partner variability and that this percentage has been increasing in recent years, reducing almost half those with a single partner, associated with the non-use of condoms, increases the vulnerability in

contracting STI to all groups, since even consistent use of condoms is not enough to prevent the transmission of some agents such as HPV, genital herpes and others.[12]

The use of condoms was another interesting point, since, according to the users' discourse, most had a significant practice, although almost half had previously had an STI and was attending the service by some of them.

The reiteration for the use of condoms in all sexual relations is a fragile discourse from the point of view of the protection of women. The male condom is for the use and control of man and the female condom also depends on male consent. In the context of inequality, in which most women establish their sexual encounters, condom use will always be a limited effectiveness strategy for the prevention of STIs in women. Thus, the role of the health services, especially the Nursing team, is vitally important for the breakdown of the STI transmission chain.[12]

As it turned out, syphilis is the STI that most affected the users of the unit, as it has been occurring in Brazil as well as in several developed countries. The MH published recent data showing that the number of people infected in Brazil increased from 2010 to 2016, with 227,663 cases reported, and in 2016 only 65,878 cases were reported, pointing to a new syphilis epidemic. The increase was considered expressive in all age groups.[19-20] Pregnant women were one of the highest risk groups, as cases of congenital syphilis increased dramatically, being 13 times higher than that tolerated by the World Health Organization).[20] This group, although of great importance, was not considered in this study because the pregnant women are diagnosed and cared for in the Pregnant and Newborn Group.

In Japan, STI control authorities are concerned about the alarming progression of syphilis, as the number of infected people in the country has increased fivefold in four years by 2016, and the number of female diagnosis of syphilis represents more than 50% of the total recorded, with Tokyo accounting for 80% of the cases.[19]

As already reported, some patients had an association of two or more etiologic agents, the most frequent being HPV, which had the highest incidence among all STIs, although it was not of CN. HPV is of significant epidemiological value because it is responsible for numerous cases of cervical cancer, anus, penis and oropharynx. Treatment is usually time-consuming and, most of the time, the service is required to provide guidance and awareness to the patient to continue treatment.[20]

Due to its consequences, in Brazil, vaccination for HPV, initially provided for girls, was instituted on March 10, 2014 and, although considering the importance of its implementation, the evaluation of its effectiveness will be difficult and will occur indirectly through mainly due to cases of cervical cancer, because there is currently no notification of the occurrence of HPV.

Analysis of the control of HPV and syphilis infection makes it possible to perceive STIs as a challenge to guarantee sexual health.

Trichomoniasis, the third cause of STIs in this group, although low in value, has been associated with HIV transmission, pelvic inflammatory disease, cervical cancer, infertility, preterm birth and low birth weight of infants born to infected mothers, [21] hence the importance of its treatment, prevention and control.

Gonorrhea, although not of CN, had a relevant frequency in this group. It is worth mentioning that gonorrhea was more frequent in heterosexuals and that they reported having a fixed partner, remembering that women with gonorrhea / chlamydia are often asymptomatic and, if not treated and become chronic carriers, may develop pelvic inflammatory disease and, of these, more than 25% will become infertile.[12,22]

In addition, the problem of gonorrhea strains called superbugs, which are resistant to conventional treatments, has led the WHO to define new guidelines for its treatment, as well as syphilis and gonorrhea.[22]

The lack of information on the profile of these diseases has not allowed identification of the real situation of this disease in the population, since the recrudescence of some STIs and the development of multiresistant strains, together with the existence of asymptomatic carriers, make difficult the adoption of preventive measures for the interruption of the transmission chain, aggravating the clinical picture and increasing vulnerability to diseases.[20]

WHO data also reveal that this problem is latent, where the number of people

infected with the bacteria causing syphilis, chlamydia and gonorrhea per year reaches 5.6 million, 131 million and 78 million, respectively.[22]

Several diseases, already controlled, have increased considerably, bringing injury not only to the individual, but to his concept and the community.

STIs have a significant clinical and emotional impact on the lives of people suffering from this condition, which also gives rise to a greater vulnerability to other diseases, especially HIV, [12] as well as to serious complications, if not diagnosed and treated in time.

The rapid and adequate treatment of STIs contributes to reduce the incidence of these infections and, for this, it requires the presence of trained professionals, the availability of medicines and the priority in care, considering the patient in a holistic way in an attempt to control the spread of these diseases.

With the changes occurring in the sociodemographic profile of those who are susceptible to STIs, such as adolescents and the elderly, it is important that health professionals, especially nurses, dialogue with their target audience, broadening their view on sexuality, especially the elderly. In order to do so, it is important to use reception strategies and educational actions in a reflexive and responsible manner,[1] since some measures, such as condom use, which are well established as a prevention method and strategy to combat STIs,[24] are not always adhered to, mainly by the elderly population.[9,23]

Counseling activities for people with STIs and their partners during care are essential. Risk perception, changes in sexual behavior, promotion and adoption of preventive measures, with an emphasis on the proper use of condoms, sensitizing them to the need for greater care, protecting themselves and their partners are important points be addressed with users.

In this context, the positions of former UN Secretary-General Ban Ki-moon:

> *We must work more and more to educate, communicate and convince. Our main objective should be to eliminate stigma and discrimination, which profoundly disrupt work in the prevention and treatment of STIs (UNCo, 2017).*[23]

CONCLUSION

This study showed that STIs, despite campaigns and media coverage, continue to increase not only in Brazil, but throughout the world. In the GPSSHC Dermatology Service, within three years, double the number of notifications.

During the period 8560 users were attended, and 379 had compulsory notification. The predominance of male, white and young adults was found, with a high school and university level of education. The group was distributed equally among hetero, homo and bisexuals.

There was a change in the profile of the population served with STI, because of low schooling, brown and unemployed, it was constituted by the one of white color, better education and employed.

Syphilis, HPV, trichomonas, AIDS and gonorrhea continue to be the most prevalent STIs, with syphilis prevalence in homosexuals and gonorrhea in heterosexuals. There was a user with more than one diagnosis.

Throughout the analysis period, the percentage of individuals who had previous STIs is higher for homosexuals and bisexuals.

In spite of the occurrences, 77% of the users reported having used the condom.

The lack of CN for all STIs has not been able to assess the real magnitude of their incidence and their aggravations, making it difficult to adopt measures for their adequate treatment and control.

In addition, the development of awareness-raising policies on human sexuality that include STIs and also involve student training bodies from the fundamental level is of paramount importance for all to have knowledge and decisions about your body, its use and its vulnerabilities.

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