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Diagnoses of HIV/AIDS and STD: Primary care perspective

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Primary care physicians play an essential role in the screening and prevention of HIV/AIDS and STD. Diagnoses of HIV and STD in primary care can be challenging. Sexual history should be a part of history taking to identify those at risk so the doctor may advise appropriate screening. The environment of clinic may affect the attendance of clients to come for screening. Stigma and discrimination in HIV/AIDS are some of the main issues among the key population, and appropriate strategy is needed to overcome the barrier. STD clinic with friendly setting may facilitate the clients to come and use the service. Information technology such as internet and mobile apps can be used to educate and encourage the community to get tested. The self-testing method in HIV and STD is one option that comes with its pros and cons. Point of care test (POCT) is essential in primary care setting and offers a reliable, low cost and allow diagnosis and treatment in a single visit. POCT CD4 and viral load (VL) are helpful in test and treat strategy and cost sufficient for patients living in remote areas. In some situation, the role of advance test in HIV and STD are needed to confirm patient's diagnosis. Therefore, a link between the laboratory facilities in primary care and hospital is needed in the diagnosis of HIV/AIDS and STD. Nucleic-acid amplification tests, also known as NAATs, are used to identify small amounts of DNA or RNA offer promising results in STD with high sensitivity and specificity. However, the cost is disadvantage and may not be affordable in some middle- and most low-income countries. In this situation, syndromic approach (SA) or modified syndromic approach (MSA) is relevant in clinical diagnosis of STD.

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