Category **(E)** Global Health

Sexually Transmitted Infections in Immigrant Populations: A Dermatologic Perspective on Prevalence and Regional Variability

Caitlin Perez-Stable; James Madsen; Vamsi Varra, MD

Background:

Sexually transmitted infections (STIs) are a significant global health concern. While often not considered primary dermatologic conditions, STIs frequently present in dermatology settings. Some STIs manifest with dermatologic symptoms such as ulcers or lesions, while others may predispose individuals to secondary dermatologic complications. This study aimed to characterize the most common STIs diagnosed in immigrant and refugee populations based on geographic region of origin as well as by citizenship status.

Methods:

A retrospective chart review was conducted of patients seen in the Harris Health System Smith Clinic Dermatology and Tropical Medicine departments over the past 12 years. Data collected included patient demographics, STI diagnosis, management, and treatment. Patients' countries of origin were categorized into nine global regions for analysis. Only patient encounters with documented STI diagnoses were included. Diagnoses were grouped into five categories: HPV, HIV, herpes simplex virus, syphilis, and molluscum contagiosum. The prevalence of each STI was analyzed and stratified by geographic region and citizenship status.

Results:

Our analysis included data from 1,134 patient charts, representing individuals from 50 countries. After excluding 56 patients without documented country of origin, 1,078 patient records were analyzed. The most common STI diagnosed was HPV (719 cases), followed by molluscum contagiosum (98 cases), herpes simplex virus (60 cases), syphilis (12 cases), and HIV (12 cases). Table 1 summarizes STI prevalence by geographic region, while Table 2 shows prevalence by citizenship status. Patients from Sub-Saharan Africa had the highest odds of HIV diagnosis (OR 22.13), whereas patients from North America and Central America had lower odds (OR 0.44 and 0.65, respectively). Undocumented immigrants had an HIV OR of 2.08 while U.S.-born patients had an HIV OR of 0.42.

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Figure 1.

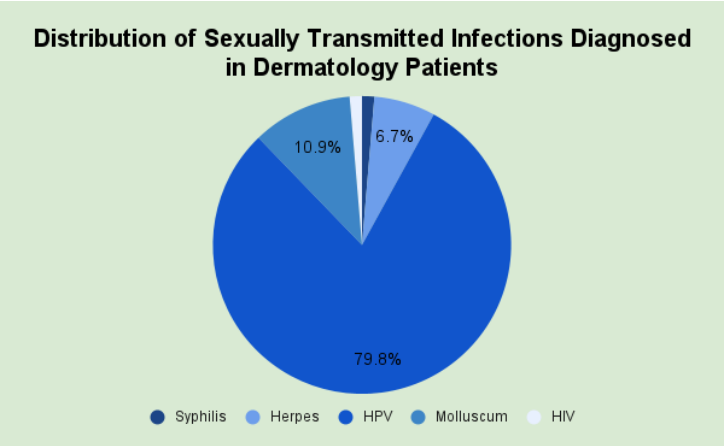

Table 1.

Diagnosis/Region	Central America (n = 469)	East Asia (n = 11)	Europe/Central Asia (n = 6)	Middle East/North Africa (n = 19)	North America (n = 466)	South America (n = 30)	South Asia (n = 25)	Southeast Asia/Pacific (n = 36)	Sub-Saharan Africa (n = 16)
1	HPV (317)	HPV (6)	HPV (5)	HPV (16)	HPV (305)	HPV (18)	HPV (18)	HPV (24)	HPV (10)
2	Herpes (97)	Herpes (3)	Herpes (1)	Molluscum (2)	Herpes (110)	Herpes (7)	Herpes (7)	Herpes (10)	HIV (3)
3	Molluscum (46)	Molluscum (2)	-	Herpes (1)	Molluscum (42)	Molluscum (3)	-	Molluscum (1)	Molluscum (2)
4	Syphilis (5)	-	-	-	Syphilis (6)	HIV (2)	-	Syphilis (1)	Herpes (1)
5	HIV (4)	-	-	-	HIV (3)	-	-	-	-

Table 2.

Diagnosis/Citizenship Status	American - Born in USA (n = 500)	American CIT – Naturalized (n = 127)	Legal Immigrant (n = 179)	Legal Sponsor (n = 6)	Restricted Visa (n = 10)	Undocumented Immigrant (n = 290)	Unknown (n = 22)
1	HPV (330)	HPV (89)	HPV (121)	HPV (3)	HPV (7)	HPV (195)	HPV (17)
2	Herpes (117)	Herpes (28)	Herpes (38)	Molluscum (3)	Herpes (3)	Herpes (57)	Herpes (4)
3	Molluscum (44)	Molluscum (7)	Molluscum (15)	-	-	Molluscum (30)	Molluscum (1)
4	Syphilis (6)	HIV (2)	Syphilis (3)	-	-	HIV (5)	-
5	HIV (3)	Syphilis (1)	HIV (2)	-	-	Syphilis (3)	-

Conclusion:

This study highlights the burden of STIs in immigrant and refugee populations and underscores the importance of dermatologic care in diagnosing and managing these conditions. Recognizing regional differences in STI prevalence can guide targeted public health interventions and improve care delivery in dermatology clinics serving diverse populations.