

Screening Recommendations and Considerations Referenced in the 2015 STD Treatment Guidelines and Original Sources

	Women	Pregnant Women	Men	Men Who Have Sex With Men (MSM)	Persons with HIV
CHLAMYDIA	<p>Sexually active women under 25 years of age <i>USPSTF</i>¹</p> <p>Sexually active women aged 25 years and older if at increased risk² <i>USPSTF</i>¹</p> <p>Retest approximately 3 months after treatment <i>CDC</i>³</p>	<p>All pregnant women under 25 years of age <i>USPSTF</i>¹</p> <p>Pregnant women, aged 25 years and older if at increased risk² <i>USPSTF</i>¹</p> <p>Retest during the 3rd trimester for women under 25 years of age or at risk⁴ <i>CDC</i>³</p> <p>Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months <i>USPSTF</i>¹</p>	<p>*Consider screening young men in high prevalence clinical settings⁵ or in populations with high burden of infection (e.g. <i>CDC</i>⁶</p>	<p>At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use <i>CDC</i>⁶</p> <p>Every 3 to 6 months if at increased risk⁷ <i>CDC</i>⁷</p>	<p>For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter <i>CDC</i>⁸</p> <p>More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology <i>CDC</i>⁸</p>
GONORRHEA	<p>Sexually active women under 25 years of age <i>USPSTF</i>¹</p> <p>Sexually active women age 25 years and older if at increased risk⁹ <i>USPSTF</i>¹</p> <p>Retest 3 months after treatment <i>CDC</i>¹⁰</p>	<p>All pregnant women under 25 years of age and older women if at increased risk¹¹ <i>USPSTF</i>¹</p> <p>Retest 3 months after treatment <i>CDC</i>¹⁰</p>		<p>At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use <i>CDC</i>¹⁰</p> <p>Every 3 to 6 months if at increased risk⁷ <i>CDC</i>⁷</p>	<p>For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter <i>CDC</i>¹⁰</p> <p>More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology <i>CDC</i>¹⁰</p>
SYPHILIS		<p>All pregnant women at the first prenatal visit <i>USPSTF</i>¹¹</p> <p>Retest early in the third trimester and at delivery if</p>		<p>At least annually for sexually active MSM <i>CDC</i>¹³</p> <p>Every 3 to 6 months if at increased risk⁷</p>	<p>For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter <i>CDC, HRSA, IDSA, NIH</i>^{14,15,16}</p>

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		at high risk <i>AAP/ACOG¹²</i>		<i>CDC⁷</i>	More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology <i>CDC¹³</i>
TRICHOMONAS	*Consider for women receiving care in high-prevalence settings (e.g., STD clinics and correctional facilities) and for women at high risk for infection (e.g., women with multiple sex partners, exchanging sex for payment, illicit drug use, and a history of STD) <i>CDC¹⁷</i>				Recommended for sexually active women at entry to care and at least annually thereafter <i>CDC¹⁴</i>
HERPES	*Type-specific HSV serologic testing should be considered for women presenting for an STD evaluation (especially for women with multiple sex partners) <i>CDC¹⁷</i>	*Evidence does not support routine HSV-2 serologic screening among asymptomatic pregnant women. However, type-specific serologic tests might be useful for identifying pregnant women at risk for HSV infection and guiding counseling regarding the risk for acquiring genital herpes during pregnancy <i>CDC¹⁷</i>	*Type-specific HSV serologic testing should be considered for men presenting for an STD evaluation (especially for men with multiple sex partners) <i>CDC¹⁷</i>	*Type-specific serologic tests can be considered if infection status is unknown in MSM with previously undiagnosed genital tract infection <i>CDC¹⁷</i>	*Type-specific HSV serologic testing should be considered for persons presenting for an STD evaluation (especially for those persons with multiple sex partners), persons with HIV infection, and MSM at increased risk for HIV acquisition <i>CDC¹⁷</i>
HIV	All women aged 13-64 years (opt-out)** <i>CDC¹⁸</i> All women who seek evaluation and treatment for STDs <i>CDC¹⁹</i>	All pregnant women should be screened at first prenatal visit (opt-out) <i>USPSTF²⁰</i> Retest in the third trimester if at high risk <i>CDC²¹</i>	All men aged 13-64 years (opt-out)** <i>CDC¹⁸</i> All men who seek evaluation and treatment for STDs <i>CDC¹⁹</i>	At least annually for sexually active MSM if HIV status is unknown or negative and the patient himself or his sex partner(s) have had more than one sex partner since most recent HIV test <i>CDC²²</i>	

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CERVICAL CANCER	<p>Women 21-29 years of age every 3 years with cytology</p> <p>Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing <i>USPSTF²³, ACOG²⁴, ACS²⁵</i></p>	<p>Pregnant women should be screened at same intervals as nonpregnant women <i>USPSTF²³, ACOG²⁴, ACS²⁵</i></p>			<p>Women should be screened within 1 year of sexual activity or initial HIV diagnosis using conventional or liquid-based cytology; testing should be repeated 6 months later <i>CDC, NIH, IDSA²⁶</i></p>
HEPATITIS B SCREENING	<p>Women at increased risk <i>CDC²⁷</i></p>	<p>Test for HBsAg at first prenatal visit of each pregnancy regardless of prior testing; retest at delivery if at high risk <i>CDC,²⁷ USPSTF²⁸</i></p>	<p>Men at increased risk <i>CDC²⁷</i></p>	<p>All MSM should be tested for HBsAg <i>CDC²⁷</i></p>	<p>Test for HBsAg and anti-HBc and/or anti-HBs. <i>CDC²⁷</i></p>
HEPATITIS C SCREENING	<p>Women born between 1945-1965 <i>CDC,²⁹ USPSTF³⁰</i></p> <p>Other women if risk factors are present³⁰ <i>USPSTF³⁰</i></p>	<p>Pregnant women born between 1945-1965 <i>CDC,²⁹ USPSTF³⁰</i></p> <p>Other pregnant women if risk factors are present³⁰ <i>USPSTF³⁰</i></p>	<p>Men born between 1945-1965 <i>CDC,²⁹ USPSTF³⁰</i></p> <p>Other men if risk factors are present³⁰ <i>USPSTF³⁰</i></p>	<p>MSM born between 1945-1965 <i>CDC²⁹</i></p> <p>Other MSM if risk factors are present³⁰ <i>USPSTF³⁰</i></p> <p>Annual HCV testing in MSM with HIV infection <i>CDC³¹</i></p>	<p>Serologic testing at initial evaluation <i>CDC, NIH, IDSA^{32,33}</i></p> <p>Annual HCV testing in MSM with HIV infection <i>CDC³¹</i></p>

* Please note that portions of this table marked with an asterisk are considerations and should not be interpreted as formal recommendations.

** USPSTF recommends screening in adults and adolescents ages 15-65

¹ LeFevre ML. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. Sep 23 2014.

² Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. Sep 23 2014.

³ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

⁴ e.g., those with a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

⁵ Adolescent clinics, correctional facilities, and STD clinics. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

⁶ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

⁷ More frequent STD screening (i.e., for syphilis, gonorrhea, and chlamydia) at 3–6-month intervals is indicated for MSM, including those with HIV infection if risk behaviors persist or if they or their sexual partners have multiple partners. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

⁸ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.

- ⁹ Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI. Additional risk factors for gonorrhea include inconsistent condom use among persons who are not in mutually monogamous relationships; previous or coexisting sexually transmitted infections; and exchanging sex for money or drugs. Clinicians should consider the communities they serve and may opt to consult local public health authorities for guidance on identifying groups that are at increased risk. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. Sep 23 2014.
- ¹⁰ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ¹¹ US Preventive Services Task Force. Screening for syphilis infection in pregnancy: reaffirmation recommendation statement. *Annals of internal medicine*. 5/19/2009 2009;150(10):705-709.
- ¹² American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and March of Dimes Birth Defects Foundation. Guidelines for Perinatal Care. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2007
- ¹³ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ¹⁴ CDC, Health Resources and Services Administration, National Institutes of Health, HIV Medicine Association of the Infectious Diseases Society of America, HIV Prevention in Clinical Care Working Group. Recommendations for incorporating human immunodeficiency virus (HIV) prevention into the medical care of persons living with HIV. *Clin Infect Dis*. Jan 1 2004;38(1):104-121.
- ¹⁵ Aberg JA, Gallant JE, Ghanem KG et al. Primary Care Guidelines for the Management of Persons Infected With HIV: 2013 Update by the HIV Medicine Association of the Infectious Diseases Society of America. *CID*. Jan 1 2014;58: e1-e34.
- ¹⁶ Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, American Academy of HIV Medicine, Association of Nurses in AIDS Care, International Association of Providers of AIDS Care, the National Minority AIDS Council, and Urban Coalition for HIV/AIDS Prevention Services. *Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014*. 2014. <http://stacks.cdc.gov/view/cdc/26062>. December 11, 2014.
- ¹⁷ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ¹⁸ CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR*. 9/22/2006 2006;55(No. RR-14):1-17.
- ¹⁹ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ²⁰ Moyer VA, US Preventive Services Task Force. Screening for HIV: US Preventive Services Task Force Recommendation Statement. *Annals of internal medicine*. 2013;159:51–60.
- ²¹ Women who use illicit drugs, have STDs during pregnancy, have multiple sex partners during pregnancy, live in areas with high HIV prevalence, or have partners with HIV infection. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ²² Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ²³ Moyer VA. Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *Annals of internal medicine*. Jun 19 2012;156(12):880-891, W312.
- ²⁴ American College of Obstetricians and Gynecologists (ACOG). Screening for cervical cancer. ACOG Practice Bulletin Number 131. *Obstet Gynecol*. Nov 2012;120(5):1222-1238.
- ²⁵ Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin*. May-Jun 2012;62(3):147-172.
- ²⁶ Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf
- ²⁷ Those at increased risk include persons born in regions of high endemicity (>=2% prevalence), IDU, MSM, persons on Immunosuppressive therapy, Hemodialysis patients, HIV positive individuals, and others. For detailed recommendations refer to: Centers for Disease Control and Prevention. Recommendations for Identification and Public Health Management of Person with Chronic Hepatitis B Virus Infection, 2008. *MMWR* September 19th, 2008; 57(RR-8);1-21. Available at: <http://www.cdc.gov/mmwr/pdf/rr/rr5708.pdf>
- ²⁸ U.S. Preventive Services Task Force. Screening for Hepatitis B Virus Infection in Pregnancy: U.S. Preventive Services Task Force Reaffirmation Recommendation Statement. *Ann Intern Med* 2009;150:869-73
- ²⁹ Smith BD, Morgan RL, Beckett GA, et al. Recommendations for the identification of chronic hepatitis C virus infection among persons born during 1945-1965. *MMWR*. Aug 17 2012;61(No. RR-4):1-32.
- ³⁰ Past or current injection drug use, receipt of blood transfusion before 1992, long term hemodialysis, born to mother with Hep. C, intranasal drug use, receipt of an unregulated tattoo, and other percutaneous exposures. Moyer VA. Screening for hepatitis C virus infection in adults: US Preventive Services Task Force recommendation statement. *Annals of internal medicine*. Sep 3 2013;159(5):349-357.
- ³¹ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015.
- ³² Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf
- ³³ Aberg JA, Gallant JE, Ghanem KG et al. Primary Care Guidelines for the Management of Persons Infected With HIV: 2013 Update by the HIV Medicine Association of the Infectious Diseases Society of America. *CID*. Jan 1 2014;58: e1-e34.