



# STD SCREENING RECOMMENDATIONS, 2010

	Population	STD Screening Recommendations	Frequency	Comments
<b>Women</b>	Women 25 years of age and younger <sup>1-3,5</sup>	Chlamydia (CT) Gonorrhea (GC) Other STDs according to risk HIV	Annually Annually  At least once, then repeat annually only if high-risk	CT/GC: consider screening more frequently for those at increased risk
	Women over 25 years of age <sup>1-4</sup>	No routine screening for STDs HIV	Screen according to risk At least once prior to age 64, then repeat annually only if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women <sup>1,5</sup>	CT GC Syphilis HIV Hepatitis B Surface Antigen (HBsAg)	First trimester First trimester First trimester First trimester First trimester	Repeat screening for CT, GC, syphilis, HIV, HBsAg in third trimester if at increased risk.  (In areas with elevated syphilis morbidity, an additional test should be performed at delivery.)
	HIV positive women <sup>6,7</sup>	CT GC Syphilis Trichomoniasis HSV-2 Hepatitis B Surface Antigen (HBsAg) Hepatitis C	Annually Annually Annually First visit First visit First visit First visit  Repeat screening every 3-6 months, as indicated by risk	CT: • urine/cervical • rectal (if exposed)  GC: • urine/cervical • rectal and pharyngeal (if exposed)
<b>Men</b>	Heterosexual men <sup>3,5</sup>	No routine screening for STDs HIV	Screen according to risk. At least once prior to age 64, then annually only if high-risk	Targeted screening for CT in high risk settings (e.g. corrections) or if risk factors (e.g. CT in past 24 months)
	Men who have sex with men (MSM) <sup>1,3,5,6</sup>	CT GC Syphilis HIV Hepatitis B Surface Antigen (HBsAg)	Annually Annually Annually Annually At least once  Repeat screening every 3-6 months, as indicated by risk	CT: • urine/urethral • rectal (if exposed)  GC: • urine/urethral • rectal and pharyngeal (if exposed)
	HIV positive men <sup>6,7</sup>	CT GC Syphilis HSV-2 Hepatitis B Surface Antigen (HBsAg) Hepatitis C	Annually Annually Annually First visit First visit First visit  Repeat screening every 3-6 months, as indicated by risk	CT: • urine/urethral • rectal (if exposed)  GC: • urine/urethral • rectal and pharyngeal (if exposed)

## Notes and References

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. MMWR 2010;55 (RR-12).
- California Guidelines for Gonorrhea Screening and Diagnostic Testing among Women in Family Planning and Primary Care Settings. [www.cdph.ca.gov/programs/std](http://www.cdph.ca.gov/programs/std)
- Screening for asymptomatic HSV2 infection should be offered to select patients based on an assessment of their motivation to reduce their risk. Universal screening in the general population should not be offered. Screening should be offered to patients in partnerships or considering partnerships with HSV infected individuals. Herpes education and prevention counseling should be provided to every patient tested or screened for HSV2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies – Recommendations from the STD Controllers Association and the California Department of Public Health. [www.cdph.ca.gov/programs/std](http://www.cdph.ca.gov/programs/std)
- Risk factors for CT or GC in women over 25: prior CT or GC infection, particularly in past 24 months; more than one sex partner in the past year; suspicion that a recent partner may have had concurrent partners; new sex partner in past 3 months; exchanging sex for drugs or money in the past year; African American women up to age 30, and other population factors identified locally, including community prevalence of infection.
- Common risk factors for STIs include unprotected sex, having a sex partner with an STI, personal history of a prior STI, multiple sex partners, suspicion that a recent partner may have had concurrent partners; new sex partner in past 3 months; and exchanging sex for drugs or money
- Routine hepatitis B vaccination is recommended for MSM and past or current injection drug users. HBsAg testing should be performed at the same visit that the first vaccine dose is given; if testing is not feasible in the current setting, routine vaccination of these populations should continue. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR 2008; 57 (RR8).
- Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2009 Update by the HIV Medicine Association of the Infectious Disease Society of America. *Clinical Infectious Diseases* 2009; 49, 651-681.

