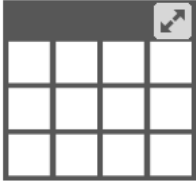


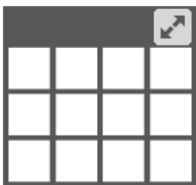
Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources

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



Chlamydia

Women	<ul style="list-style-type: none"> Sexually active women under 25 years of age¹ Sexually active women aged 25 years and older if at increased risk² Retest approximately 3 months after treatment³
Pregnant Women	<ul style="list-style-type: none"> All pregnant women under 25 years of age¹ Pregnant women, aged 25 and older if at increased risk² Retest during the 3rd trimester for women under 25 years of age or at risk^{3,4} Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months¹
Men	<ul style="list-style-type: none"> *Consider screening young men in high prevalence clinical settings⁵ or in populations with high burden of infection (e.g. MSM)⁶
Men Who have Sex With Men (MSM)	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use⁶ Every 3 to 6 months if at increased risk⁷
Persons with HIV	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter⁸ More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology⁸



Gonorrhea

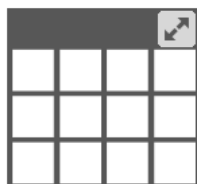
Women	<ul style="list-style-type: none"> Sexually active women under 25 years of age¹ Sexually active women age 25 years and older if at increased risk⁹ Retest 3 months after treatment¹⁰
Pregnant Women	<ul style="list-style-type: none"> All pregnant women under 25 years of age and older women if at increased risk¹¹ Retest 3 months after treatment¹⁰

Men Who have Sex With Men (MSM)

- At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use¹⁰
- Every 3 to 6 months if at increased risk⁷

Persons with HIV

- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter¹⁰
- More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology¹⁰



Syphilis

Pregnant Women

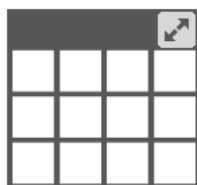
- All pregnant women at the first prenatal visit¹¹
- Retest early in the third trimester and at delivery if at high risk¹²

Men Who have Sex With Men (MSM)

- At least annually for sexually active MSM¹³
- Every 3 to 6 months if at increased risk⁷

Persons with HIV

- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{14,15,16}
- More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology¹³



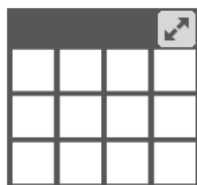
Trichomonas

Women

- *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)¹⁷

Persons with HIV

- Recommended for sexually active women at entry to care and at least annually thereafter¹⁴



Herpes

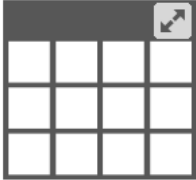
Women

- *Type-specific HSV serologic testing should be considered for women presenting for an STD evaluation (especially for women with multiple sex partners)¹⁷

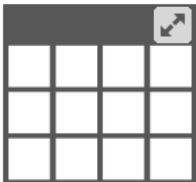
Pregnant Women

- *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 pregnancy¹⁷

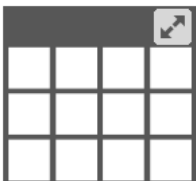
Men	<ul style="list-style-type: none"> • *Type-specific HSV serologic testing should be considered for men presenting for an STD evaluation (especially for men with multiple sex partners)¹⁷
Men Who have Sex With Men (MSM)	<ul style="list-style-type: none"> • *Type-specific serologic tests can be considered if infection status is unknown in MSM with previously undiagnosed genital tract infection¹⁷
Persons with HIV	<ul style="list-style-type: none"> • *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 acquisition¹⁷



HIV	
Women	<ul style="list-style-type: none"> • All women aged 13-64 years (opt-out)**¹⁸ • All women who seek evaluation and treatment for STDs¹⁹
Pregnant Women	<ul style="list-style-type: none"> • All pregnant women should be screened at first prenatal visit (opt-out)²⁰ • Retest in the third trimester if at high risk²¹
Men	<ul style="list-style-type: none"> • All men aged 13-64 (opt-out)**¹⁸ • All men who seek evaluation and treatment for STDs¹⁹
Men Who have Sex With Men (MSM)	<ul style="list-style-type: none"> • 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 test²²

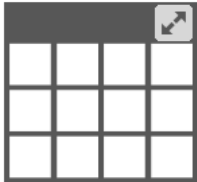


Cervical Cancer	
Women	<ul style="list-style-type: none"> • Women 21-29 years of age every 3 years with cytology • Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing^{23,24,25}
Pregnant Women	<ul style="list-style-type: none"> • Pregnant women should be screened at same intervals as nonpregnant women^{23,24,25}
Persons with HIV	<ul style="list-style-type: none"> • 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 later²⁶



Hepatitis B Screening	
Women	<ul style="list-style-type: none"> • Women at increased risk²⁷

Pregnant Women	<ul style="list-style-type: none"> • Test for HBsAg at first prenatal visit of each pregnancy regardless of prior testing; retest at delivery if at high risk^{27,28}
Men	<ul style="list-style-type: none"> • Men at increased risk²⁷
Men Who have Sex With Men (MSM)	<ul style="list-style-type: none"> • All MSM should be tested for HBsAg²⁷
Persons with HIV	<ul style="list-style-type: none"> • Test for HBsAg and anti-HBc and/or anti-HBs²⁷



Hepatitis C Screening	
Women	<ul style="list-style-type: none"> • Women born between 1945-1965^{29,30} • Other women If risk factors are present³⁰
Pregnant Women	<ul style="list-style-type: none"> • Pregnant women born between 1945-1965^{29,30} • Other pregnant women if risk factors are present³⁰
Men	<ul style="list-style-type: none"> • Men born between 1945-1965^{29,30} • Other men If risk factors are present³⁰
Men Who have Sex With Men (MSM)	<ul style="list-style-type: none"> • MSM born between 1945-1965²⁹ • Other MSM if risk factors are present³⁰ • Annual HCV testing in MSM with HIV infection³¹
Persons with HIV	<ul style="list-style-type: none"> • Serologic testing at initial evaluation^{32,33} • Annual HCV testing in MSM with HIV infection³¹

References

* 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.