

California Sexually Transmitted Disease (STD) Screening Recommendations 2010

The following recommendations are based on guidelines for STD screening from the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force, Infectious Disease Society of America, Region IX Infertility Prevention Project, and the California STD Control Branch. In populations for whom no recommendations exist, screening should be based on risk factors, local epidemiology and prevalence of specific STDs in the particular clinical setting. **All individuals** diagnosed with chlamydia or gonorrhea should be retested for repeat infection at 3 months after treatment; retesting can also be performed anytime the patient returns for care in the 1-12 months after treatment. Other factors to consider prior to screening are summarized in the footnotes below.

	Population	STD Screening Recommendations	Frequency	Comments
Women	Women 25 years of age and younger ^{1,3}	Chlamydia (CT)..... Gonorrhea (GC)..... Other STDs according to risk. HIV	Annually Annually All women ages 13-25 at least once, then repeat annually if high-risk	CT/GC: consider screening more frequently for those at increased risk.
	Women over 25 years of age ^{1,4}	No routine screening for STDs. Screen according to risk. HIV	All women ages 26-64 at least once, then repeat annually if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women ^{1,3,5}	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.
	HIV-positive women ^{1,6,7}	CT..... GC..... Syphilis..... Trichomoniasis..... HSV-2..... Hepatitis B Surface Antigen (HBsAg)..... Hepatitis C.....	Annually Annually Annually Annually Repeat screening every 3-6 months, as indicated by risk First visit First visit First visit	CT: vaginal, urine or cervical, plus rectal if exposed GC: vaginal, urine or cervical, plus rectal and pharyngeal if exposed
Men	Heterosexual men ³	No routine screening for STDs. Screen according to risk. HIV	All men ages 13-64 at least once, then annually 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) ^{1,3,6}	CT..... GC..... Syphilis..... HIV..... Hepatitis B Surface Antigen (HBsAg)..... Consider HSV-2 type specific serology	Annually Annually Annually Annually Repeat screening every 3-6 months, as indicated by risk At least once	CT: urine/urethral, and rectal if exposed GC: urine/urethral, plus rectal and pharyngeal if exposed
	HIV-positive men ^{6,7}	CT..... GC..... Syphilis..... HSV-2..... Hepatitis B Surface Antigen (HBsAg)..... Hepatitis C..... Consider Anal Pap ⁸	Annually Annually Annually Repeat screening every 3-6 months, as indicated by risk First visit First visit First visit	CT: urine/urethral, and rectal if exposed GC: urine/urethral, plus rectal and pharyngeal if exposed

¹ CDC. STD Treatment Guidelines. MMWR 2010;59 (RR-12).

² California Guidelines for Gonorrhea Screening and Diagnostic Testing among Women in Family Planning and Primary Care Settings. www.std.ca.gov.

³ Screening for asymptomatic HSV-2 infection should be offered to select patients, including those in partnerships or considering partnerships with HSV-2-infected individuals. Herpes education and prevention counseling should be provided to patients tested or screened for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies from the STD Controllers Association and the California Department of Public Health. www.std.ca.gov

⁴ 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.

⁵ In pregnant women with a history of injection drug use or a history of blood transfusion or organ transplantation before 1992, screening for hepatitis C should be conducted. California Guidelines for STD Screening and Treatment in Pregnancy. www.std.ca.gov.

⁶ 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, routine vaccination of these populations should continue. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR 2008;57 (RR-8).

⁷ 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.

⁸ Some experts recommend anal Pap screening in HIV-positive men who have sex with men to screen for anal cancer. Programmatic considerations such as availability of providers to perform diagnostic anoscopy in the case of abnormal results should be considered prior to initiating anal Pap screening.