### STD Screening Guidelines

The recommendations in this document are based on the 2015 CDC Sexually Transmitted Diseases Treatment Guidelines and CDC's STD Screening Recommendations Referenced in Treatment Guidelines and Original Recommendation Sources* chart referenced here: http://www.cdc.gov/std/ig2015/screening-recommendations.htm unless otherwise noted. Please visit the CDC site for full references. State guidelines and laws may differ; please check with your state for applicable laws and guidelines. Some patients may fall into more than one of the populations/risk categories listed; in such cases, the more rigorous screening recommendation should be followed. Please visit www.nycptc.org for updates and additional STD resources and education. Abbreviations: MSM=men who have sex with men; WSW=women who have sex with women; MSW=men who have sex with women; CT-Chlamydia trachomatis; GC-Nesseria gonorrhoea; RAI = Receptive Anal Intercourse; BV=Bacterial Vaginosis; HPV=Human Papillomavirus; HAV=Hepatitis A Virus; HBV=Hepatitis B Virus; HCV = Hepatitis C Virus; TOC = Test of cure; PID=Pelvic Inflammatory Disease.

#### Populations and Risk Categories

**CHLAMYDIA**

- **WOMEN**
  - Test at least annually for sexually active women under 25 years of age and sexually active women aged 25 years and older if at increased risk.
  - Retest approximately three months after treatment.
  - RETEST every 6 months if at high increased risk for prev. treatment.
  - Test at least annually.

- **PREGNANT WOMEN**
  - All pregnant women under 25 years of age.
  - All pregnant women under 25 years of age and older if at increased risk.
  - Retest during third trimester if under 25 years of age or at risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - Consider screening young men in high prevalence clinics (adolescent and STD clinics and correctional facilities) or in populations with high burden of infection (e.g. MSM).

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually, test at each site of exposure.
  - At least annually, test at each site of exposure (urethra, rectum, pharynx) regardless of condom use or every 3-6 months if at increased risk.

**GONORRHEA**

- **WOMEN**
  - Test at least annually for sexually active women under 25 years of age and sexually active women aged 25 years and older if at increased risk.
  - Retest 3 months after treatment.
  - RETEST every 6 months if at high increased risk for prev. treatment.

- **PREGNANT WOMEN**
  - All pregnant women under 25 years of age.
  - All pregnant women under 25 years of age and older if at increased risk.
  - Retest early in 3rd trimester and at delivery if at high risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - Consider type-specific HSV serologic testing for men presenting for an STI evaluation, especially if multiple sex partners.

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually for sexually active MSM test at each site of exposure (urethra, rectum, pharynx) regardless of condom use or every 3-6 months if at increased risk.

**SYPHILIS**

- **WOMEN**
  - Consider type-specific HSV serologic testing for women presenting for an STI evaluation, especially if multiple sex partners.

- **PREGNANT WOMEN**
  - All pregnant women at the first prenatal visit.
  - Retest in 3rd trimester if at high risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - All men aged 13-64 years and all men who seek evaluation and treatment for STIs.

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually for sexually active MSM if infection status is unknown in MSM with previously undiagnosed genital tract infection.

**HERPES**

- **WOMEN**
  - Consider type-specific HSV serologic testing for women presenting for an STI evaluation.

- **PREGNANT WOMEN**
  - All pregnant women at first prenatal visit and at delivery if not previously tested or no prenatal care.

- **MEN:MSW (Men Who Have Sex With Women)**
  - Consider type-specific HSV serologic testing for men presenting for an STI evaluation, especially if multiple sex partners.

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually for sexually active MSM if HIV-negative or unknown status and if patient or sex partner has had more than one sex partner since most recent HIV test.

**HIV**

- **WOMEN**
  - For all women aged 13-64 years and all women who seek evaluation and treatment for STIs.

- **PREGNANT WOMEN**
  - At least annually for all pregnant women at high risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - All men aged 13-64 years and all men who seek evaluation and treatment for STIs.

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually for sexually active MSM if infection status is unknown in MSM with previously undiagnosed genital tract infection.

**TRICHOMONAS & BACTERIAL VAGINOSIS**

- **WOMEN**
  - All women aged 13-64 years.

- **PREGNANT WOMEN**
  - At least annually for pregnant women with a high risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - All men aged 13-64 years.

- **MEN:MSM (Men Who Have Sex With Men)**
  - At least annually for sexually active MSM.

**CERVICAL CANCER**

- **WOMEN**
  - Women 21-29 years of age every 3 years with cytology.

- **PREGNANT WOMEN**
  - Women 30-65 years of age every 3 years with cytology or every 5 years with a combination of cytology and HPV testing.

**HEPATITIS B**

- **WOMEN**
  - Screen at same intervals as non-pregnant women.

**HEPATITIS C**

- **WOMEN**
  - Test for HBsAg at first prenatal visit of each pregnancy regardless of prior testing; restet at delivery if high risk.

- **MEN:MSW (Men Who Have Sex With Women)**
  - All MSM should be tested for HBsAg.

- **MEN:MSM (Men Who Have Sex With Men)**
  - MSM born between 1945-1965 and if other risk factors are present.

**PERSONS WITH HIV**

- **WOMEN**
  - 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.

- **MEN:MSW (Men Who Have Sex With Women)**
  - Test for HBsAg and anti-HBc and/or anti-HBs.

- **MEN:MSM (Men Who Have Sex With Men)**
  - Serologic testing at initial evaluation.

**Abbreviations**

- MSW=men who have sex with women; WSW=women who have sex with women; MSW=men who have sex with women; CT-Chlamydia trachomatis; GC-Nesseria gonorrhoea; RAI = Receptive Anal Intercourse; BV=Bacterial Vaginosis; HPV=Human Papillomavirus; HAV=Hepatitis A Virus; HBV=Hepatitis B Virus; HCV = Hepatitis C Virus; TOC = Test of cure; PID=Pelvic Inflammatory Disease.
**PERSONS TAKING PrEP**

- 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. Screening for Chlamydia and Gonorrhea. U.S. Preventive Services Task Force Recommendation Statement. Annals of internal medicine. Sep 23 2014.
- 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.

**Preventive Services Task Force Recommendation Statement. Annals of internal medicine. Sep 23 2014.**


- 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 3 2013;159(3):349-357. 12/2017 update, CDC (www.cdc.gov/ایوی/ایوی-cdc-to-cdc-prep-guidelines-2017.pdf) The individual clinician is in the best position to determine which tests are most appropriate. Adapted from the Spokane Washington Regional Health District’s STD Toolkit

**Recommended Laboratory Diagnostics**

This diagnostics summary is for educational purposes only. The individual clinicians is in the best position to determine which tests are most appropriate. Adapted from the Spokane Washington Regional Health District’s STD Toolkit

<table>
<thead>
<tr>
<th>ETOLOGIC AGENT</th>
<th>COMMON SYNDROMES</th>
<th>RAPID DIAGNOSTICS</th>
<th>DEFINITIVE DIAGNOSTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis</td>
<td>Genital ulcer</td>
<td>Rapid antigen detection test, Saline wet prep</td>
<td>Nucleic Acid Amplification Tests (NAATs) cervical, urethral or vaginal swabs, or first catch urine NAAT testing FDA approved for first catch urine or vaginal swab.</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae</td>
<td>Urethritis, cervicitis, proctitis, PID</td>
<td>Gram stain for symptomatic men</td>
<td>Nucleic Acid Amplification Tests (NAATs) cervical, urethral or vaginal swabs, or first catch urine NAAT testing FDA approved for first catch urine or vaginal swab.</td>
</tr>
<tr>
<td>Trichomonas vaginalis</td>
<td>Vaginitis, urethritis</td>
<td>Rapid antigen detection test, Saline wet prep</td>
<td>Nucleic Acid Amplification Tests (NAATs) cervical, urethral or vaginal swabs, or first catch urine NAAT testing FDA approved for first catch urine or vaginal swab.</td>
</tr>
<tr>
<td>Candida albicans, other Candida sp</td>
<td>Vaginitis, balanitis,</td>
<td>10% KOH prep, Gram stain</td>
<td>Rapid tests - e.g., DNA probe and vaginal fluid smidiate activity</td>
</tr>
<tr>
<td>Vaginosis, anaerobic bacteria</td>
<td>Malodoros vaginos drainage with or w/o pruritus</td>
<td>Saline wet prep- clue cells, whiff test (fishy odor with 10% KOH), and vaginal pH&lt;4.5</td>
<td>rapid tests - e.g., DNA probe and vaginal fluid smidiate activity</td>
</tr>
<tr>
<td>Herpes simplex virus (HSV)</td>
<td>Genital ulcer</td>
<td>Point of care HSV2 antibody tests - recent infection may have false negative</td>
<td>Type specific virologic tests: Ulcer- culture or PCR; Type specific serological tests: ELISA and Western blot (glycoprotein g1/g2 type-specific antibody test)</td>
</tr>
<tr>
<td>Treponema pallidum (syphilis)</td>
<td>Genital ulcer</td>
<td>Ulcer- darkfield microscopy; serological test; RPR, treponemal rapid EIA available reverse algorithm</td>
<td>Serological tests: RPR, VDRL, USR, ART, (non-treponemal tests); FTA-ABS, MHA-TP (treponemal tests); TP-PA, darkfield is definitive if positive</td>
</tr>
<tr>
<td>Sarcoptes scabiei(scabies)</td>
<td>Dermatitis, ulcers</td>
<td>Mineral oil wet prep</td>
<td>Skin scraping of burrow is definitive</td>
</tr>
<tr>
<td>Phthirius pubis(pubic lice)</td>
<td>Dermatitis</td>
<td>Dry mount, observation of nits or lice</td>
<td>Detection of eggs, nits, or louse is definitive</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>Genital warts (condyoma acuminate)</td>
<td>Endocervical/urethral or urine swabs, or first catch urine; Genital warts (condyoma acuminate)</td>
<td>Endocervical/urethral or urine swabs, or first catch urine; Genital warts (condyoma acuminate)</td>
</tr>
<tr>
<td>Salmonella spp., Campylobacter sp.</td>
<td>Enteritis, proctocolitis</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Entamoeba histolytica, Giardia lamblia</td>
<td>Enterocolitis</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis virus: (A,B,C)</td>
<td>Hepatitis, elevated liver function enzymes</td>
<td>None</td>
<td>Serological test for specific antibody</td>
</tr>
<tr>
<td>HIV</td>
<td>Variable</td>
<td>Rapid HIV-1 Antibody Tests</td>
<td>HIV-1/HIV-2 antigen/antibody immunoblot assays and HIV differentiation assay (HIV1 vs HIV2 antibodies) and then HIV-1 NAT (for indeterminate or negative differentiation test). For patients with signs/symptoms of acute HIV, also send HIV RNA VL testing</td>
</tr>
</tbody>
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