

## CALIFORNIA SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENING RECOMMENDATIONS

Content reflects the 2021 CDC STI Guidelines and recommendations from U.S. Preventive Services Task Force, Infectious Disease Society of America, and California Department of Public Health (CDPH) Sexually Transmitted Diseases Control Branch (STDCB). In populations where no recommendations exist, screen based on risk factors and local STI prevalence (e.g., where someone lives or receives medical care). Local health departments can help with confidential notification of sex partners of patients with STIs/HIV. For STI clinical consults, use the online STD Clinical Consultation Network ([www.stdccn.org](http://www.stdccn.org)) or contact CDPH STDCB at [stdcb@cdph.ca.gov](mailto:stdcb@cdph.ca.gov) or 510-620-3400. An ADA-compliant version of this document is here: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-Screening-Recommendations.aspx>.

Population	Infection	Screening Recommendation	Comments
<b>Non-pregnant cisgender women<sup>1,2</sup></b>	Chlamydia & Gonorrhea <sup>4,5</sup>	<ul style="list-style-type: none"> <li>Sexually active, &lt;25 years: annually</li> <li>Sexually active, ≥25 years: if at increased risk<sup>5</sup></li> </ul>	Consider screening more frequently if at increased risk <sup>5</sup> Rescreen for reinfection approximately 3 months after treatment
	Syphilis <sup>6</sup>	<ul style="list-style-type: none"> <li>At least once, repeat if at increased risk</li> <li>Co-test when screening for HIV</li> </ul>	Increased risk includes history of incarceration or transactional sex work, geography, race/ethnicity, methamphetamine use
	HIV	<65 years: at least once (opt-out), annually if at risk	Test if seeking evaluation and treatment for STIs
	Hepatitis C <sup>7</sup>	≥18 years: at least once, repeat if at risk	Except in settings where the prevalence of HCV infection is <0.1%
<b>Pregnant persons<sup>1,2,3</sup></b>	Chlamydia & Gonorrhea <sup>4,5</sup>	<ul style="list-style-type: none"> <li>At first prenatal visit</li> <li>&lt;25 years or at increased risk: retest at 3rd trimester<sup>5</sup></li> </ul>	Conduct test of cure 4 weeks after treatment for chlamydia Rescreen for reinfection 3 months after treatment
	Syphilis <sup>6</sup>	<ul style="list-style-type: none"> <li>First prenatal visit</li> <li>3rd trimester (ideally 28-32 weeks' gestation)<sup>8</sup></li> <li>Delivery unless low risk &amp; negative 3rd trimester test</li> </ul>	Increased risk includes limited prenatal care, unstable housing, meth use, incarceration (within past year), new STI diagnosis in pregnancy and lives in area with high congenital syphilis rates <sup>3</sup>
	HIV	<ul style="list-style-type: none"> <li>At first prenatal visit (opt-out)</li> <li>At 3rd trimester if at increased risk<sup>9</sup></li> </ul>	Rapid testing should be performed at delivery if not previously screened during pregnancy
	Hepatitis B <sup>7</sup>	<ul style="list-style-type: none"> <li>First prenatal visit of each pregnancy</li> <li>At delivery if no prior screening or if at increased risk</li> </ul>	Test for Hepatitis B surface antigen (HBsAg). Increased risk includes injection drug use, new STI in pregnancy or HBsAg+ partner. <sup>3</sup>
	Hepatitis C <sup>7</sup>	At first prenatal visit	Except in settings where the prevalence of HCV infection is <0.1%
<b>Cisgender men who have sex with cisgender women</b>	Chlamydia & Gonorrhea	If at high risk	Consider routine chlamydia screening in high prevalence settings (adolescent clinics, correctional facilities, STI/sexual health clinic)
	Syphilis	Screen asymptomatic adults at increased risk	Increase risk includes history of incarceration or commercial sex work, geography, race/ethnicity, and age <29 years
	HIV	<65 years: at least once (opt-out), annually if at risk	Test if seeking evaluation and treatment for STIs
	Hepatitis C <sup>7</sup>	≥18 years: at least once, repeat if at risk	Except in settings where the prevalence of HCV infection is <0.1%
<b>Men who have sex with men (MSM) or with transgender women</b>	Chlamydia & Gonorrhea	Annually at sites of sexual exposure (urethral [urine], rectum, pharynx) regardless of condom use; every 3-6 months if at increased risk	Increased risk includes patients on HIV PrEP (screen every 3-4 months) or living with HIV, if patient or sex partners has multiple partners, sex in conjunction with drug use
	Syphilis	Any age: annually, every 3-6 months if at increased risk	Screen every 3-4 months if on HIV PrEP
	HIV	Annually if patient/partner(s) have had >1 sex partner since last HIV test; every 3-6 months if at increased risk	Screen every 2 months (if on injectable HIV PrEP) or 3 months (if on oral HIV PrEP)
	Hepatitis B <sup>7</sup>	At least once	Test for HBsAg, HBV core antibody, and HBV surface antibody
	Hepatitis C <sup>7</sup>	≥18 years: at least once, repeat if at risk	Except in settings where the prevalence of HCV infection is <0.1%
<b>Transgender and gender diverse persons<sup>2</sup></b>	Chlamydia & Gonorrhea	Adapt screening recommendations based on anatomy	Consider screening for pharyngeal and rectal infections based on sexual behaviors and exposure, regardless of reproductive anatomy
	Syphilis	Consider at least annually, repeat if at increased risk	
	HIV	<65 years: at least once (opt-out), annually if at risk	
	Hepatitis C <sup>7</sup>	≥18 years: at least once, repeat if at risk	Except in settings where the prevalence of HCV infection is <0.1%
<b>Persons with HIV<sup>10,11</sup></b>	Chlamydia, Gonorrhea, & Syphilis	At first HIV evaluation, and at least annually thereafter; more frequently based on risk	Chlamydia & gonorrhea infection should include all sites of sexual exposure (pharynx, rectum, urethral [urine], and vagina) regardless of sex
	Trichomonas	If receptive vaginal sex, at first HIV evaluation, then at least annually	Retest approximately 3 months after treatment
	Hepatitis B <sup>7</sup>	At least once	Test for HBsAg, HBV core antibody, and HBV surface antibody
	Hepatitis C <sup>7</sup>	<ul style="list-style-type: none"> <li>Serologic testing at initial evaluation</li> <li>Annual HCV testing in MSM with HIV infection</li> </ul>	

<sup>1</sup> Consider trichomonas screening in high-prevalence settings (e.g., STI clinics and correctional facilities) and for asymptomatic cisgender women at high risk for infection (e.g., those with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration). The use of highly sensitive and specific tests (e.g., a nucleic acid amplification test (NAAT)) is recommended for detecting *Trichomonas vaginalis*.

<sup>2</sup> Human papillomavirus (HPV) testing is recommended as part of cervical cancer screening for persons with a cervix. See [www.asccp.org](http://www.asccp.org) for further guidance.

<sup>3</sup> Detailed STI/HIV Screening recommendation in pregnancy at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-HIV-Screening-Recommendations-in-Pregnancy.aspx>

<sup>4</sup> A vaginal swab (self-collected) NAAT is the optimal urogenital specimen type for women. Consider rectal chlamydia (CT) and pharyngeal and rectal gonorrhea (GC) screening for women based on reported sexual history, through shared decision-making between the patient and the provider.

<sup>5</sup> CT or GC risk factors include 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; illicit drug use; transactional sex in the past year, and local factors (e.g., community prevalence of infection). CDPH data has shown that CT and GC rates among Black/African American females are 1.5 and 3 times higher than statewide rates among all females, respectively, which are likely due to social determinants of health and living in communities with high STI prevalence. Providers should consider screening Black/African American women up to age 30.

<sup>6</sup> CDPH Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>

<sup>7</sup> AB 789 requires primary care facilities in California to offer hepatitis B and hepatitis C testing based on the latest screening recommendations from the U.S. Preventive Services Task Force

<sup>8</sup> 28 weeks gestation recommended by the Centers for Disease Control and Prevention 2021 STI Treatment Guidelines.

<sup>9</sup> High risk (for HIV infection in pregnancy) include persons who use drugs, have STIs during pregnancy, have multiple sex partners during pregnancy, have a new sex partner during pregnancy, live in areas with high HIV prevalence, or have partners with HIV

<sup>10</sup> Primary Care Guidelines for Persons with Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Disease Society of America. Clinical Infectious Diseases. 6 November 2020; <https://doi.org/10.1093/cid/ciaa1391>.

<sup>11</sup> Guidance on Anal HPV screening for persons with HIV at <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/human-0?view=full>