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, United States 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 and on local epidemiology and prevalence of specific STDs in the particular clinical setting. **All individuals** diagnosed with chlamydia or gonorrhea should be re-tested for repeat infection at three months after treatment; re-testing can also be performed any time the patient returns for care in the 3 to 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 Human immunodeficiency virus (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[1-4]	No routine screening for STDs Screen according to risk. HIV	 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[1, 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[7]	CT GC Syphilis Trichomoniasis Herpes simplex virus (HSV)-2 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)
Men	Heterosexual men[3]	No routine screening for STDs Screen according to risk. HIV	 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 previous 24 months)
	Men who have sex with men (MSM)[1, 3, 6]	CT GC Syphilis HIV 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[6, 7]	CT GC Syphilis HSV-2 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

[1]Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. MMWR 2006;55(No. RR-11).

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

[3]Screening for asymptomatic HSV-2 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-2-infected individuals. Herpes education and prevention counseling should be provided to every patient tested or screened for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies – Recommendations from the California STD Controllers Association and the California Department of Public Health. www.cdph.ca.gov/programs/std

[4]Risk factors for CT or GC in women over age 25: prior CT or GC infection, particularly in previous 24 months; more than one sex partner in the previous year; suspicion that a recent partner may have had concurrent partners; new sex partner in previous 3 months; exchanging sex for drugs or money in the previous 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. Universal screening for HSV-2 infection in pregnancy is not recommended; consider screening with HSV-2 type-specific serology for pregnant women without a history of herpes and a partner with HSV-2 infection. California Guidelines for STD Screening and Treatment in Pregnancy. www.cdph.ca.gov/programs/std

[6]Routine Hepatitis B vaccination is recommended for MSM. 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 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.