

CALIFORNIA STD SCREENING RECOMMENDATIONS 2015

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, and the California Department of Public Health-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 women** diagnosed with chlamydia, gonorrhea, or trichomonas should be retested for repeat infection at 3 months after treatment. Men diagnosed with chlamydia (CT) or gonorrhea (GC) should also be retested at 3 months. Retesting can also be performed opportunistically 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 ¹⁻⁴	CT and GC (vaginal, cervical, or urine)..... Other STDs according to risk. HIV	Annually At least once, then repeat according to level of risk	CT/GC: consider screening more frequently for those at increased risk.
	Women 25 years of age and older ¹⁻⁴	No routine screening for STDs. Screen according to risk. HIV	All women up to 64 years of age at least once, then repeat according to level of risk	Targeted CT/GC screening recommended for women with risk factors. See footnote 4.
	Pregnant women ^{1,3,5}	CT and GC (vaginal, cervical, or urine)..... Syphilis..... HIV	First trimester First trimester First trimester	Repeat screening for CT, GC, HIV, HBsAg in third trimester if at increased risk. Repeat syphilis screening recommended in third trimester if high risk or living in area of high morbidity, per local guidelines.
	HIV-positive women ^{1,6-8}	CT and GC (vaginal, cervical, or urine)..... CT and GC (rectal) GC (pharyngeal) Syphilis..... Trichomoniasis Hepatitis B Surface Antigen (HBsAg)..... Hepatitis C.....	Annually Annually (if exposed) Annually (if exposed) Annually Annually Repeat screening every 3-6 months, if indicated by risk First visit First visit	
Men	Heterosexual men ²	No routine screening for STDs. Screen according to risk. HIV	All men 13-64 years of age 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) ^{1,6}	CT and GC (urine)..... CT and GC (rectal) GC (pharyngeal) Syphilis..... HIV	Annually Annually (if exposed) Annually (if exposed) Annually Annually Repeat screening every 3-6 months, as indicated by risk	
	HIV-positive men ⁶⁻⁸	CT and GC (urine)..... CT and GC (rectal) GC, (pharyngeal) Syphilis..... Hepatitis B Surface Antigen (HBsAg)..... Hepatitis C.....	Annually Annually (if exposed) Annually (if exposed) Annually Repeat screening every 3-6 months, as indicated by risk First visit Annually	

¹CDC. STD Treatment Guidelines. June 5, 2015 / 64(RR3):1-137.

²Human papillomavirus (HPV) testing is recommended as part of cervical cancer screening and management of cervical intraepithelial neoplasia. It is not recommended as part of routine STD screening or prior to initiating HPV vaccination. See the American Society for Colposcopy and Cervical Pathology (www.asccp.org) for further guidance.

³Screening for asymptomatic HSV-2 infection should be offered to select patients including those in partnerships or considering partnerships with HSV-2-infected individuals. Counseling should be provided to patients tested for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies– California Department of Public Health. www.std.ca.gov

⁴Risk factors for CT or GC: 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 local factors such as community prevalence of infection.

⁵In 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

⁶Routine hepatitis B vaccination is recommended for all HIV-infected patients and all MSM. Routine hepatitis A vaccination is recommended for all MSM. Prevacination serologic testing may be considered, however if testing is not feasible in the current setting, routine vaccination should continue.

⁷Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2013 Update by the HIV Medicine Association of the Infectious Disease Society of America. *Clinical Infectious Diseases* 2013; doi: 10.1093/cid/cit665.

⁸Data are insufficient to recommend routine anal cancer screening with anal cytology among HIV-positive men and women. Some clinical centers perform anal cytology screening in populations at high-risk 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 cancer screening.



**Sexual Risk Assessment and
Risk Factors for Sexually Transmitted Diseases**
*California Department of Public Health-STD Control Branch and
California STD/HIV Prevention Training Center*

Sexually transmitted diseases (STDs) including chlamydia (CT) and gonorrhea (GC) are among the most common reportable infections nationwide. If left untreated, STDs can result in serious health consequences including infertility, ectopic pregnancy and chronic pelvic pain in women. STDs can also increase risk of HIV transmission and acquisition. Because many STDs do not have symptoms, *screening* for asymptomatic infection is a cornerstone of STD prevention.

Performing a sexual risk assessment

A brief risk assessment can guide decisions about what screening tests for STDs are indicated for particular patients. The content of a brief risk assessment should cover the following areas, summarized as “**The 5 P’s**”:

Past STDs:	“Have you ever had an STD in the past?”
Partners:	“Have you had sex with men, women, or both?” “In the past six months, how many people have you had sex with?” “Have any of your sex partners in the past 12 months had sex with other partners while they were still in a sexual relationship with you?”
Practices: (sexual/needle sharing)	Do you have...vaginal sex (penis in vagina)? ...anal sex (penis in anus/butt)? ...oral sex (penis in mouth or mouth on vagina/vulva)? “Have you ever used needles to inject/shoot drugs?”
Prevention:	“What do you do to prevent STDs and HIV?” “Tell me about your use of condoms with your recent partner.”
Pregnancy plans and prevention:	“How would it be for you if you were to get pregnant now?” “What are you doing to prevent pregnancy now?”

Risk factors by population

Adolescents and young women (age 25 and younger)	Because of high levels of disease in this age group, sexual activity alone represents a significant risk for acquiring CT or GC.
Women over age 25	Risk factors for CT or GC include: <ul style="list-style-type: none"> ○ Prior CT or GC infection, particularly in past 24 months ○ Multiple sex partners within the past year ○ Suspicion that a recent partner may have had concurrent partners ○ New sex partner in the past 3 months ○ Exchanging sex for drugs or money within the past year ○ African-American women up to age 30 may be at increased risk; annual screening should be offered. ○ Other factors identified locally, including prevalence of infection in the community
Men who have sex with men	Risk factors that indicate more frequent screening for STDs (CT, GC, syphilis, HIV) include: <ul style="list-style-type: none"> ○ Multiple or anonymous partners ○ Intravenous drug use ○ Sex in conjunction with illicit drug use, including methamphetamine ○ Sex partners who engage in these activities
Men who have sex with women	CT screening targeted to men in high risk settings including: adolescents clinics, correctional facilities and STD clinics as well as CT/GC screening in men with prior infection (in past 24 months).