



Sexually Transmitted Infections Treatment Guidelines, 2021

Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources

By Disease	By Population
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Chlamydia

Women	<ul style="list-style-type: none">Sexually active women under 25 years of age¹Sexually active women 25 years of age and older if at increased risk*¹Retest approximately 3 months after treatment²Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider^{2,3,4}
Pregnant Women	<ul style="list-style-type: none">All pregnant women under 25 years of age¹Pregnant women 25 years of age and older if at increased risk*¹Retest during the 3rd trimester for women under 25 years of age or at risk²Pregnant women with chlamydial infection should have a test of cure 4 weeks after treatment and be retested within 3 months²
Men Who Have Sex with Women	<ul style="list-style-type: none">There is insufficient evidence for screening among heterosexual men who are at low risk for infection, however, screening young men can be considered in high prevalence clinical settings (adolescent clinics, correctional facilities, STI/sexual health clinic)^{1,5}
Men Who Have Sex With Men	<ul style="list-style-type: none">At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use²Every 3 to 6 months if at increased risk (i.e., MSM on PrEP, with HIV infection, or if they or their sex partners have multiple partners)²
Transgender and Gender Diverse Persons	<ul style="list-style-type: none">Screening recommendations should be adapted based on anatomy, (i.e., annual, routine screening for chlamydia in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk.)²Consider screening at the rectal site based on reported sexual behaviors and exposure²
Persons with HIV	<ul style="list-style-type: none">For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2,6}More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²

Gonorrhea

Women	<ul style="list-style-type: none">Sexually active women under 25 years of age¹Sexually active women 25 years of age and older if at increased risk*¹Retest 3 months after treatment²Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider^{2,3,4}
Pregnant Women	<ul style="list-style-type: none">All pregnant women under 25 years of age, and those 25 and older if at increased risk*¹Retest during the 3rd trimester for women under 25 years of age or at risk²Pregnant women with gonorrhea should be retested within 3 months²
Men Who Have Sex with Women	<ul style="list-style-type: none">There is insufficient evidence for screening among heterosexual men who are at low risk for infection¹
Men Who Have Sex With Men	<ul style="list-style-type: none">At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use²Every 3 to 6 months if at increased risk²
Transgender and Gender Diverse Persons	<ul style="list-style-type: none">Screening recommendations should be adapted based on anatomy (i.e., annual, routine screening for gonorrhea in cisgender women <25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, screen if at increased risk.)²Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure²
Persons with HIV	<ul style="list-style-type: none">For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2,6}More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²

Syphilis

Women	<ul style="list-style-type: none">Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection^{2,7}
Pregnant Women	<ul style="list-style-type: none">All pregnant women at the first prenatal visit⁸Retest at 28 weeks gestation and at delivery if at increased risk due to geography or personal risk (substance use, STIs during pregnancy, multiple partners, a new partner, partner with STIs)²
Men Who Have Sex With Women	<ul style="list-style-type: none">Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection^{2,7}

Men Who Have Sex With Men	<ul style="list-style-type: none">• At least annually for sexually active MSM²• Every 3 to 6 months if at increased risk²• Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection^{2,7}
Transgender and Gender Diverse People	<ul style="list-style-type: none">• Consider screening at least annually based on reported sexual behaviors and exposure²
Persons with HIV	<ul style="list-style-type: none">• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2,6}• More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²

Herpest†

Women	<ul style="list-style-type: none">• Type-specific HSV serologic testing can be considered for women presenting for an STI evaluation (especially for women with multiple sex partners)²
Pregnant Women	<ul style="list-style-type: none">• Routine HSV-2 serologic screening among asymptomatic pregnant women is not recommended. However, type-specific serologic tests might be useful for identifying pregnant women at risk for HSV infection and guiding counseling regarding the risk for acquiring genital herpes during pregnancy²
Men Who Have Sex with Women	<ul style="list-style-type: none">• Type-specific HSV serologic testing can be considered for men presenting for an STI evaluation (especially for men with multiple sex partners)²
Men Who Have Sex With Men	<ul style="list-style-type: none">• Type-specific serologic tests can be considered if infection status is unknown in MSM with previously undiagnosed genital tract infection²
Persons with HIV	<ul style="list-style-type: none">• Type-specific HSV serologic testing should be considered for persons presenting for an STI evaluation (especially for those persons with multiple sex partners)²

Trichomonas

Women	<ul style="list-style-type: none">• Consider screening for women receiving care in high-prevalence settings (e.g., STI clinics and correctional facilities) and for asymptomatic women at high risk for infection (e.g., women with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration)²
Persons with HIV	<ul style="list-style-type: none">• Recommended for sexually active women at entry to care and at least annually thereafter^{2,6}

HIV

Women	<ul style="list-style-type: none">All women aged 13-64 years (opt-out)^{‡9,10}All women who seek evaluation and treatment for STIs^{2,10}
Pregnant Women	<ul style="list-style-type: none">All pregnant women should be screened at first prenatal visit (opt-out)^{9, 10}Retest in the 3rd trimester if at high risk (people 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)¹¹Rapid testing should be performed at delivery if not previously screened during pregnancy¹⁰
Men Who Have Sex with Women	<ul style="list-style-type: none">All men aged 13-64 years (opt-out)^{‡9}All men who seek evaluation and treatment for STIs²
Men Who Have Sex With Men	<ul style="list-style-type: none">At least annually for sexually active MSM if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since most recent HIV test^{2,10,12}Consider the benefits of offering more frequent HIV screening (e.g., every 3–6 months) to MSM at increased risk for acquiring HIV infection.²
Transgender and Gender Diverse Persons	<ul style="list-style-type: none">HIV screening should be discussed and offered to all transgender persons. Frequency of repeat screenings should be based on level of risk^{2,12}

HPV, Cervical Cancer, Anal Cancer§

Women	<ul style="list-style-type: none">Women 21-29 years of age every 3 years with cytology^{13,14,15}Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing^{13,14,15}
Pregnant Women	<ul style="list-style-type: none">Pregnant women should be screened at same intervals as nonpregnant women^{13,14,15}
Men Who Have Sex with Men	<ul style="list-style-type: none">Digital anorectal rectal exam²Data is insufficient to recommend routine anal cancer screening with anal cytology²
Transgender and Gender Diverse People	<ul style="list-style-type: none">Screening for people with a cervix should follow current screening guidelines for cervical cancer²
Persons with HIV	<ul style="list-style-type: none">Providers should defer to existing <i>Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV</i> for guidance on cervical cancer screening and management of results in persons with HIV¹⁶

Hepatitis B Screening

Women	<ul style="list-style-type: none">Women at increased risk (having had more than one sex partner in the previous 6 months, evaluation or treatment for an STI, past or current injection-drug use, and an HBsAg-positive sex partner)¹⁷
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Pregnant Women	<ul style="list-style-type: none">• Test for HBsAg at first prenatal visit of each pregnancy regardless of prior testing; retest at delivery if at high risk¹⁸
Men Who Have Sex with Women	<ul style="list-style-type: none">• Men at increased risk (i.e., by sexual or percutaneous exposure)¹⁷
Men Who Have Sex With Men	<ul style="list-style-type: none">• All MSM should be tested for HBsAg, anti-HBc, and anti-HBs¹⁷
Persons with HIV	<ul style="list-style-type: none">• Test for HBsAg, anti-HBc, and anti-HBs¹⁷

Hepatitis C Screening

Women	<ul style="list-style-type: none">• All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹⁹
Pregnant Women	<ul style="list-style-type: none">• Pregnant women should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹⁹
Men Who Have Sex with Women	<ul style="list-style-type: none">• All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹⁹
Men Who Have Sex With Men	<ul style="list-style-type: none">• All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹⁹
Persons with HIV	<ul style="list-style-type: none">• Serologic testing at initial evaluation^{2,19}• Annual HCV testing in MSM with HIV infection^{2,19}






References

* Per USPSTF, women 25 years or older are at increased risk for chlamydial and gonococcal infections if they have a new partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI; practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of exchanging sex for money or drugs; or have a history of incarceration.

† Type-specific HSV-2 serologic assays for diagnosing HSV-2 are useful in the following scenarios: recurrent or atypical genital symptoms or lesions with a negative HSV PCR or culture result, clinical diagnosis of genital herpes without laboratory confirmation, and a patient’s partner has genital herpes. HSV-2 serologic screening among the general population is not recommended. Patients who are at higher risk for infection (e.g., those presenting for an STI evaluation, especially for persons with ≥10 lifetime sex partners, and persons with HIV infection) might need to be assessed for a history of genital herpes symptoms, followed by type-specific HSV serologic assays to diagnose genital herpes for those with genital symptoms.

‡ USPSTF recommends screening in adults and adolescents ages 15-65.

§ Data are insufficient to recommend routine anal cancer screening with anal cytology among populations at risk for anal cancer. Certain clinical centers perform anal cytology to screen for anal cancer among populations at increased risk (e.g., persons with HIV infection, MSM, and those having receptive anal intercourse), followed by high-resolution anoscopy (HRA) for those with abnormal cytologic results (e.g., ASC-US, LSIL, or HSIL).

1. U.S. Preventive Services Task Force. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2021 Sept 14;326(10):949-956.
2. Workowski KA, Bachmann L, Chan P, Johnston C, Muzny C, Park I, Reno H, Zenilman J, Bolan G. Sexually Transmitted Infections, 2021. MMWR Recomm Rep 2021;70(No. RR-04):1-187.
3. Bamberger, DM, et al. Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure. Sex Transm Dis, 2019. 46(5): p. 329-334.
4. Chan PA, Robinette A, Montgomery M, et al. Extragenital Infections Caused by Chlamydia trachomatis and Neisseria gonorrhoeae: A Review of the Literature. Infect Dis Obstet Gynecol. 2016.
5. Rietmeijer CA, Hopkins E, Geisler WM, Orr DP, Kent CK. *Chlamydia trachomatis* Positivity Rates Among Men Tested in Selected Venues in the United States: A Review of the Recent Literature. Sex Transm Dis 2008;35(Suppl):S8-18. PMID:18449072 <https://doi.org/10.1097/OLQ.0b013e31816938ba>.
6. Thompson MA, Horberg MA, Agwu AL, et al. Primary Care Guidelines for Persons With HIV: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America. CID. Nov 6 2020.
7. Kirsten Bibbins-Domingo. USPSTF Recommendation Statement, Screening for Syphilis Infection in Nonpregnant Adults and Adolescents U.S. Preventive Services Task Force Recommendation Statement. JAMA June 7, 2016 Volume 315, Number 21: 2321-2327.
8. Screening for Syphilis Infection in Pregnant Women U.S. Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA September 4, 2018 Volume 320, Number 9.
9. Branson BM, et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings. MMWR. 2006;55(No. RR-14):1-17.
10. Owens DK. U.S. Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2019 321(23): 2326-2336.
11. Committee on Obstetric Practice HIV Expert Work Group. ACOG Committee opinion no. 752: prenatal and perinatal human immunodeficiency virus testing. Obstet Gynecol 2018;132:e138-42. PMID:30134428 <https://doi.org/10.1097/AOG.0000000000002825> 
12. DiNenno EA, et al. Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men – United States, 2017. MMWR Morb Mortal Wkly Rep, 2017. 66(31): p. 830-832.
13. Committee on Practice Bulletins—Gynecology. Practice bulletin no. 157: Cervical Cancer Screening and Prevention. Obstet Gynecol 2016;127:e1-20. PMID:26695583 <https://doi.org/10.1097/AOG.0000000000001263>
14. Fontham ETH, Wolf AMD, Church TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. CA Cancer J Clin 2020;70:321-46. PMID:32729638 <https://doi.org/10.3322/caac.21628> 
15. Curry SJ, et al. Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement. JAMA, 2018. 320(7): p. 674-686.
16. Panel on Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Adult_OI.pdf   .
17. Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1). PMID:29939980 <https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>.
18. Henderson JT, Webber EM, Bean SI. Screening for Hepatitis B Infection in Pregnant Women: Updated Evidence Report and Systematic Review for the U.S. Preventive Services Task Force. JAMA. 2019;322(4):360-362.
19. Screening for Hepatitis C Virus Infection in Adolescents and Adults U.S. Preventive Services Task Force Recommendation Statement S. Preventive Services Task Force [Article Information](#)  JAMA. 2020;323(10):970-975. doi:10.1001/jama.2020.1123.

Women

Chlamydia	<ul style="list-style-type: none">Sexually active women under 25 years of age¹Sexually active women 25 years of age and older if at increased risk*¹Retest approximately 3 months after treatment²Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider^{2,3,4}
Gonorrhea	<ul style="list-style-type: none">Sexually active women under 25 years of age¹Sexually active women 25 years of age and older if at increased risk*¹Retest 3 months after treatment²Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider^{2,3,4}
Syphilis	<ul style="list-style-type: none">Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection^{2,5}
Herpes†	<ul style="list-style-type: none">Type-specific HSV serologic testing can be considered for women presenting for an STI evaluation (especially for women with multiple sex partners)²
Trichomonas	<ul style="list-style-type: none">Consider screening for women receiving care in high-prevalence settings (e.g., STI clinics and correctional facilities) and for asymptomatic women at increased risk for infection (e.g., women with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration)²
HIV	<ul style="list-style-type: none">All women aged 13-64 years (opt-out)†^{6, 7}All women who seek evaluation and treatment for STIs^{2, 7}
HPV, Cervical Cancer	<ul style="list-style-type: none">Women 21-29 years of age every 3 years with cytology^{8, 9, 10}Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing^{8, 9, 10}
Hepatitis B Screening	<ul style="list-style-type: none">Women at increased risk (having had more than one sex partner in the previous 6 months, evaluation or treatment for an STI, past or current injection-drug use, and an HBsAg-positive sex partner)¹¹
Hepatitis C Screening	<ul style="list-style-type: none">All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹²

Pregnant Women

Chlamydia	<ul style="list-style-type: none">All pregnant women under 25 years of age¹Pregnant women 25 years of age and older if at increased risk*¹Retest during the 3rd trimester for women under 25 years of age or at risk²Pregnant women with chlamydial infection should have a test of cure 4 weeks after treatment and be retested within 3 months²
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Gonorrhea	<ul style="list-style-type: none">• All pregnant women under 25 years of age, and those 25 and older if at increased risk*¹• Retest during the 3rd trimester for women under 25 years of age or at risk²• Pregnant women with gonorrhea should be retested within 3 months²
Syphilis	<ul style="list-style-type: none">• All pregnant women at the first prenatal visit¹³• Retest at 28 weeks gestation and at delivery if at increased risk due to geography or personal risk (substance use, STIs during pregnancy, multiple partners, a new partner, partner with STIs)^{2,5}
Herpes†	<ul style="list-style-type: none">• Routine HSV-2 serologic screening among asymptomatic pregnant women is not recommended. However, type-specific serologic tests might be useful for identifying pregnant women at risk for HSV infection and guiding counseling regarding the risk for acquiring genital herpes during pregnancy.²
HIV	<ul style="list-style-type: none">• All pregnant women should be screened at first prenatal visit (opt-out)^{6, 7}• Retest in the 3rd trimester if at increased risk (people 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)¹⁴• Rapid testing should be performed at delivery if not previously screened during pregnancy⁷
HPV, Cervical Cancer	<ul style="list-style-type: none">• Pregnant women should be screened at same intervals as nonpregnant women
Hepatitis B Screening	<ul style="list-style-type: none">• Test for HBsAg at first prenatal visit of each pregnancy regardless of prior testing; retest at delivery if at increased risk¹⁵
Hepatitis C Screening	<ul style="list-style-type: none">• Pregnant women should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹²

Men Who Have Sex with Women

Chlamydia	<ul style="list-style-type: none">• There is insufficient evidence for screening among heterosexual men who are at low risk for infection, however, screening young men can be considered in high prevalence clinical settings (adolescent clinics, correctional facilities, STI/sexual health clinic)^{1, 16}
Gonorrhea	<ul style="list-style-type: none">• There is insufficient evidence for screening among heterosexual men who are at low risk for infection¹
Syphilis	<ul style="list-style-type: none">• Screen asymptomatic adults at increased risk (history of incarceration or commercial sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection^{2,5}
Herpes†	<ul style="list-style-type: none">• Type-specific HSV serologic testing can be considered for men presenting for an STI evaluation (especially for men with multiple sex partners)²
HIV	<ul style="list-style-type: none">• All men aged 13-64 years (opt-out)†⁶• All men who seek evaluation and treatment for STIs²
Hepatitis B Screening	<ul style="list-style-type: none">• Men at increased risk (i.e., by sexual or percutaneous exposure)¹¹

Hepatitis C Screening	<ul style="list-style-type: none">• All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹²
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Men Who Have Sex with Men

Chlamydia	<ul style="list-style-type: none">• At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use²• Every 3 to 6 months if at increased risk (i.e., MSM on PrEP, with HIV infection, or if they or their sex partners have multiple partners)²
Gonorrhea	<ul style="list-style-type: none">• At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use²• Every 3 to 6 months if at increased risk²
Syphilis	<ul style="list-style-type: none">• At least annually for sexually active MSM^{2,5}• Every 3 to 6 months if at increased risk^{2,5}
Herpes†	<ul style="list-style-type: none">• Type-specific serologic tests can be considered if infection status is unknown in MSM with previously undiagnosed genital tract infection²
HIV	<ul style="list-style-type: none">• At least annually for sexually active MSM if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since most recent HIV test^{2, 7, 17}• Consider the benefits of offering more frequent HIV screening (e.g., every 3–6 months) to MSM at increased risk for acquiring HIV infection.²
HPV, Anal Cancer[§]	<ul style="list-style-type: none">• Digital anorectal rectal exam²• Data is insufficient to recommend routine anal cancer screening with anal cytology²
Hepatitis B Screening	<ul style="list-style-type: none">• All MSM should be tested for HBsAg, HBV core antibody, and HBV surface antibody¹¹
Hepatitis C Screening	<ul style="list-style-type: none">• All adults over age 18 years should be screened for hepatitis C except in settings where the hepatitis C infection (HCV) positivity is < 0.1%¹²

Transgender and Gender Diverse Persons

Chlamydia	<ul style="list-style-type: none">• Screening recommendations should be adapted based on anatomy (i.e., annual, routine screening in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk).²• Consider screening at the rectal site based on reported sexual behaviors and exposure²
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Gonorrhea	<ul style="list-style-type: none">• Screening recommendations should be adapted based on anatomy (i.e., annual, routine screening for gonorrhea in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, screen if at increased risk).²• Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure²
Syphilis	<ul style="list-style-type: none">• Consider screening at least annually based on reported sexual behaviors and exposure²
HIV	<ul style="list-style-type: none">• HIV screening should be discussed and offered to all transgender persons. Frequency of repeat screenings should be based on level of risk.^{2, 17}
HPV, Cervical Cancer	<ul style="list-style-type: none">• Screening for people with a cervix should follow current screening guidelines for cervical cancer²

Persons with HIV



Chlamydia	<ul style="list-style-type: none">• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2, 18}• More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology²
Gonorrhea	<ul style="list-style-type: none">• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2, 18}• More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²
Syphilis	<ul style="list-style-type: none">• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2, 18}• More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²
Herpes†	<ul style="list-style-type: none">• Type-specific HSV serologic testing should be considered for persons presenting for an STI evaluation (especially for those persons with multiple sex partners)²
Trichomonas	<ul style="list-style-type: none">• Recommended for sexually active women at entry to care and at least annually thereafter^{2, 18}
HPV, Cervical Cancer	<ul style="list-style-type: none">• Providers should defer to existing <i>Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV</i> for guidance on cervical cancer screening and management of results in persons with HIV¹⁹
Anal Cancer[§]	<ul style="list-style-type: none">• Digital anorectal rectal exam²• Data is insufficient to recommend routine anal cancer screening with anal cytology²
Hepatitis B Screening	<ul style="list-style-type: none">• Test for HBsAg and anti-HBc and anti-HBs¹¹
Hepatitis C Screening	<ul style="list-style-type: none">• Serologic testing at initial evaluation^{2, 12}• Annual HCV testing in MSM with HIV infection^{2, 12}

* Per USPSTF, sexually active women 25 years or older are at increased risk for chlamydial and gonococcal infections if they have a new partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI; practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of exchanging sex for money or drugs; or have a history of incarceration.

† Type-specific HSV-2 serologic assays for diagnosing HSV-2 are useful in the following scenarios: recurrent or atypical genital symptoms or lesions with a negative HSV PCR or culture result, clinical diagnosis of genital herpes without laboratory confirmation, and a patient's partner has genital herpes. HSV-2 serologic screening among the general population is not recommended. Patients who are at higher risk for infection (e.g., those presenting for an STI evaluation, especially for persons with ≥10 lifetime sex partners, and persons with HIV infection) might need to be assessed for a history of genital herpes symptoms, followed by type-specific HSV serologic assays to diagnose genital herpes for those with genital symptoms.

‡ USPSTF recommends screening in adults and adolescents ages 15-65

§ Data are insufficient to recommend routine anal cancer screening with anal cytology among populations at risk for anal cancer. Certain clinical centers perform anal cytology to screen for anal cancer among populations at increased risk (e.g., persons with HIV infection, MSM, and those having receptive anal intercourse), followed by high-resolution anoscopy (HRA) for those with abnormal cytologic results (e.g., ASC-US, LSIL, or HSIL)

1. U.S. Preventive Services Task Force. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2021 Sept 14;326(10):949-956.
2. Workowski KA, Bachmann L, Chan P, Johnston C, Muzny C, Park I, Reno H, Zenilman J, Bolan G. Sexually Transmitted Infections, 2021. MMWR Recomm Rep 2021;70(No. RR-04):1-187.
3. Bamberger, DM, et al. Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure. Sex Transm Dis, 2019. 46(5): p. 329-334.
4. Chan PA, Robinette A, Montgomery M, et al. Extragenital Infections Caused by Chlamydia trachomatis and Neisseria gonorrhoeae: A Review of the Literature. Infect Dis Obstet Gynecol. 2016.
5. Kirsten Bibbins-Domingo. USPSTF Recommendation Statement, Screening for Syphilis Infection in Nonpregnant Adults and Adolescents U.S. Preventive Services Task Force Recommendation Statement. JAMA June 7, 2016 Volume 315, Number 21: 2321-2327.
6. Branson BM, et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings. MMWR. 2006;55(No. RR-14):1-17.
7. Owens DK. U.S. Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2019 321(23): 2326-2336.
8. Committee on Practice Bulletins—Gynecology. Practice bulletin no. 157: Cervical Cancer Screening and Prevention. Obstet Gynecol 2016;127:e1–20. PMID:26695583 <https://doi.org/10.1097/AOG.0000000000001263>
9. Fontham ETH, Wolf AMD, Church TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. CA Cancer J Clin 2020;70:321–46. PMID:32729638 <https://doi.org/10.3322/caac.21628> 
10. Curry SJ, et al. Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement. JAMA, 2018. 320(7): p. 674-686.
11. Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1). PMID:29939980 <https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>.
12. Screening for Hepatitis C Virus Infection in Adolescents and Adults U.S. Preventive Services Task Force Recommendation Statement U.S. Preventive Services Task Force [Article Information](#)  JAMA. 2020;323(10):970-975. doi:10.1001/jama.2020.1123.
13. Screening for Syphilis Infection in Pregnant Women U.S. Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA September 4, 2018 Volume 320, Number 9.
14. Committee on Obstetric Practice HIV Expert Work Group. ACOG Committee opinion no. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing. Obstet Gynecol 2018;132:e138–42. PMID:30134428



<https://doi.org/10.1097/AOG.0000000000002825> 

15. Henderson JT, Webber EM, Bean SI. Screening for Hepatitis B Infection in Pregnant Women: Updated Evidence Report and Systematic Review for the U.S. Preventive Services Task Force. JAMA. 2019;322(4):360–362.

16. Rietmeijer CA, Hopkins E, Geisler WM, Orr DP, Kent CK. *Chlamydia trachomatis* Positivity Rates Among Men Tested in Selected Venues in the United States: A Review of the Recent Literature. Sex Transm Dis 2008;35(Suppl):S8–18. PMID:18449072 <https://doi.org/10.1097/OLQ.0b013e31816938ba>.

17. DiNenno EA, et al. Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men – United States, 2017. MMWR Morb Mortal Wkly Rep, 2017. 66(31): p. 830-832.

18. Thompson MA, Horberg MA, Agwu AL, et al. Primary Care Guidelines for Persons With HIV: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America. CID. Nov 6 2020.

19. Panel on Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infections Diseases Society of America. Available at https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Adult_OI.pdf  

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