

STI Screening Recommendations

This document has been adapted from [Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources](#), U.S. Centers for Disease Control and Prevention.

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Population	Chlamydia	Gonorrhea	Syphilis	HIV
Women	<ul style="list-style-type: none"> Sexually active women under 25 years of age. ⁽¹⁾ Sexually active women aged 25 years and older if at increased risk. ⁽¹⁾ Retest approx. 3 months after treatment. ⁽²⁾ Rectal chlamydial testing can be considered based on reported sexual behaviors and exposure. ^{(3), (4)} 	<ul style="list-style-type: none"> Sexually active women under 25 years of age. ⁽¹⁾ Sexually active women aged 25 years and older if at increased risk. ⁽¹⁾ Retest 3 months after treatment. ⁽²⁾ Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure. ^{(3), (4)} 	<ul style="list-style-type: none"> Screen asymptomatic sexually active women ages 15-44 living in counties with high incidence of syphilis. ⁽⁵⁾ Screen persons at increased risk regardless of where they live (multiple partners, history of incarceration or commercial sex work, substance use). ^{(2), (6)} 	<ul style="list-style-type: none"> All women aged 13-64 years (opt-out). ^{(7), (8)} All women who seek evaluation and treatment for STIs. ^{(2), (8)}
Pregnant Women	<ul style="list-style-type: none"> All pregnant women under 25 years of age. ⁽¹⁾ Pregnant women aged 25 and older if at increased risk (new or multiple sex partners, sex partner with concurrent partners, sex partner with an STI). ⁽¹⁾ Retest during the third trimester for women under 25 years of age or at risk. ⁽²⁾ Pregnant women with chlamydial infection should have a test-of-cure 4 weeks after treatment and be retested within 3 months. ⁽²⁾ 	<ul style="list-style-type: none"> All pregnant women under 25 years of age and older women if at increased risk. ⁽¹⁾ Retest during the 3rd trimester for women under 25 years of age or at risk. ⁽²⁾ Pregnant women with gonorrhea should be retested within three months. ⁽²⁾ 	<ul style="list-style-type: none"> All pregnant women at the first prenatal visit, at 28 weeks gestation and at delivery regardless of risk. ⁽⁹⁾ 	<ul style="list-style-type: none"> All pregnant women at first prenatal visit (opt-out). ⁽⁸⁾ Retest in third trimester if at high risk (using drugs, STIs during pregnancy, multiple or new sexual partners during pregnancy, live in areas with high HIV prevalence, has partners living with HIV). ⁽¹⁰⁾ Perform rapid testing at delivery if not previously screened during pregnancy. ⁽⁸⁾

Population	Chlamydia	Gonorrhea	Syphilis	HIV
Men Who Have Sex with Women	<ul style="list-style-type: none"> Consider screening young men in high prevalence clinical settings (adolescent clinics, correctional facilities, STI clinic).^{(1),(11)} 	<ul style="list-style-type: none"> Consider screening young men in high prevalence clinical settings (adolescent clinics, correctional facilities, STI clinic).^{(1),(11)} 	<ul style="list-style-type: none"> Screen asymptomatic sexually active men ages 15-44 living in counties with high incidence of syphilis.⁽⁵⁾ Screen persons at increased risk regardless of where they live (history of incarceration or commercial sex work, race/ethnicity, and being a male younger than 29 years).^{(2),(6)} 	<ul style="list-style-type: none"> All men aged 13-64 years (opt-out).⁽⁷⁾ All men who seek evaluation and treatment for STIs.⁽²⁾
Men Who Have Sex with Men (MSM)	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use.⁽²⁾ Every 3-6 months if at increased risk.⁽²⁾ 	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use.⁽²⁾ Every 3-6 months if at increased risk.⁽²⁾ 	<ul style="list-style-type: none"> At least annually for sexually active MSM.⁽²⁾ Every 3-6 months if at increased risk.⁽²⁾ 	<ul style="list-style-type: none"> At least annually for sexually active MSM if HIV status is unknown or negative and the patient himself or his sex partners have had more than one sex partner since the most recent HIV test.^{(2),(8),(12)}
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.⁽²⁾ Consider screening at the rectal site based on reported sexual behaviors and exposure.⁽²⁾ 	<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.⁽²⁾ Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure.⁽²⁾ 	<ul style="list-style-type: none"> Consider screening at least annually based on reported sexual behaviors and exposure.⁽²⁾ 	<ul style="list-style-type: none"> HIV screening should be discussed and offered to all transgender and gender diverse persons. Frequency of repeat screenings should be based on level of risk.^{(2),(12)}
Persons with HIV	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter.^{(2),(13)} More frequent screening depending on individual risk behaviors and local epidemiology.⁽²⁾ 	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter.^{(2),(13)} More frequent screening depending on risk and local epidemiology.⁽²⁾ 	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter.^{(14),(15)} More frequent screening depending on risk and local epidemiology.⁽²⁾ 	<ul style="list-style-type: none"> Test appropriately according to established recommendations for managing HIV infection.⁽¹⁶⁾

STI Screening Recommendations

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Population	Herpes	Trichomonas	HPV*, Cervical Cancer, Anal Cancer	Hepatitis B (HBV)	Hepatitis C (HCV)
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), (15)} 	<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⁾ 	<ul style="list-style-type: none"> Women 21-29 years of age every 3 years with cytology.^{(16), (17), (18)} Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing.^{(16), (17), (18)} 	<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).⁽¹⁹⁾ 	<ul style="list-style-type: none"> All adults over age 18 years should be screened for hepatitis C except in settings where the HCV infection (HCV positivity) is < 0.1%.⁽²⁰⁾
Pregnant Women	<ul style="list-style-type: none"> Evidence does not support routine HSV-2 serologic screening among asymptomatic pregnant women. 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⁾ 	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> Pregnant Women should be screened at same intervals as nonpregnant cis-gender women.^{(16), (17), (18)} 	<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 risk.⁽²¹⁾ 	<ul style="list-style-type: none"> Pregnant women should be screened for hepatitis C except in settings where the HCV infection (HCV positivity) is < 0.1%.⁽²⁰⁾
Men	<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), (15)} 	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> Men at increased risk.⁽¹⁹⁾ 	<ul style="list-style-type: none"> All adults over age 18 years should be screened for hepatitis C except in settings where the HCV infection (HCV positivity) is < 0.1%.⁽²⁰⁾

*Human Papillomavirus

Population	Herpes	Trichomonas	HPV*, Cervical Cancer, Anal Cancer	Hepatitis B (HBV)	Hepatitis C (HCV)
Men Who Have Sex with Men (MSM)	<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 infection. ^{(2), (15)} 	<ul style="list-style-type: none"> No current screening recommendations 	<ul style="list-style-type: none"> Digital anorectal exam. Data is insufficient to recommend routine anal cancer screening with anal cytology. ^{(2), (22)} 	<ul style="list-style-type: none"> All MSM should be tested for HBsAg, HBV core antibody, and HBV surface antibody. ⁽¹⁹⁾ 	<ul style="list-style-type: none"> All adults over age 18 years should be screened for hepatitis C except in settings where the HCV infection (HCV positivity) is < 0.1%. ⁽²⁰⁾
Transgender and Gender Diverse Persons	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> Screening for people with a cervix should follow current screening guidelines for cervical cancer. ⁽²⁾ 	<ul style="list-style-type: none"> No current screening recommendations. 	<ul style="list-style-type: none"> No current screening recommendations.
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), persons with HIV infection, and MSM at increased risk for HIV acquisition. ⁽²⁾ 	<ul style="list-style-type: none"> Recommended for sexually active women at entry to care and at least annually thereafter. ^{(2), (14)} 	<ul style="list-style-type: none"> Women with HIV should be screened within 1 year of sexual activity using conventional or liquid-based cytology; testing should be repeated 6 months later. With 3 normal and consecutive Pap tests, screening should be every 3 years. ^{(22), (23)} 	<ul style="list-style-type: none"> Test for HBsAg and anti-HBc and/or anti-HBs. ⁽¹⁹⁾ 	<ul style="list-style-type: none"> Serologic testing at initial evaluation. ^{(2), (20)} Annual HCV testing in MSM with HIV infection. ^{(2), (20)}

References

1. *Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement.* **LeFevre, Michael L.** s.l. : Annals of Internal Medicine, September 23, 2014, Annals of Internal Medicine, Vol. 161, pp. 902-910.
2. *Sexually Transmitted Infections.* **Workowski, Kimberly A., et al.** RR-04, July 23, 2021, MMWR, Vol. 70, pp. 1-187.
3. *Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure.* **Bamberger, D. M., et al.** 5, 2019, Sexually Transmitted Diseases, Vol. 46, pp. 329-334.
4. *Extragenital Infections Caused by Chlamydia trachomatis and Neisseria gonorrhoeae: A Review of the Literature.* **Robinette, Ashley, et al.** 1, June 5, 2016, Infectious Diseases in Obstetrics and Gynecology, Vol. 2016, pp. 1-17.
5. **Virginia Department of Health.** Syphilis Screening Recommendations. [Online] 2024. <https://www.vdh.virginia.gov/content/uploads/sites/220/Acc.-Final-2024-Virginia-Syphilis-Screening-Guidelines-by-County-and-City-Accessible.pdf>.
6. *Screening for Syphilis Infection in Nonpregnant Adults and Adolescents US Preventive Services Task Force Recommendation Statement.* **Bibbins-Domingo, Kirsten.** 21, June 7, 2016, JAMA, Vol. 315, pp. 2321-2327.
7. *Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings.* . **Branson, B. M., et. al.** RR-14, 2006, MMWR, Vol. 55, pp. 1-17.
8. *Screening for HIV: US Preventive Services Task Force Recommendation Statement.* **Owens, D. K.** 23, June 11, 2019, JAMA, Vol. 321, pp. 2326-2336.
9. **American College of Obstetricians and Gynecologists.** Practice Advisory: Screening for Syphilis in Pregnancy. [Online] April 2024. [Cited: January 22, 2025.] <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy>.
10. *ACOG Committee Opinion No. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing.* **American College of Obstetricians and Gynecologists.** 3, September 2018, Obstetrics and Gynecology, Vol. 132, pp. e138-e142.
11. *Chlamydia trachomatis Positivity Rates Among Men Tested in Selected Venues in the United States: A Review of the Recent Literature.* **Rietmeijer, C. A., et al.** 11, November 2008, Sexually Transmitted Diseases, Vol. 35, pp. S8-S18.
12. *Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men – United States.* **DiNenno, E. A. and al., et.** 31, 2017, MMWR, Vol. 66, pp. 830-832.
13. *Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America.* **Thompson, M. A., et al.** 11, December 1, 2021, Clinical Infectious Diseases, Vol. 73, pp. e3572-e3605.
14. **Centers for Disease Control and Prevention, et al.** *Recommendations for HIV prevention with adults and adolescents with HIV in the United States.* s.l. : CDC, 2014.
15. **Centers for Disease Control and Prevention.** *Genital Herpes.* 2021. Sexually Transmitted Infections Treatment Guidelines.
16. **Centers for Disease Control and Prevention.** *Clinical Care of HIV.* 2025. HIV Nexus: CDC Resources for Clinicians.

17. *Practice Bulletin No. 157: Cervical Cancer Screening and Prevention*. **American College of Obstetrics and Gynecology**. 1, January 2016, *Obstetrics and Gynecology*, Vol. 127, pp. e1-e20.
18. *Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society*. **Fontham, Elizabeth T. H., et al.** 5, July 30, 2020, *CA: A Cancer Journal for Clinicians*, Vol. 70, pp. 321-346.
19. *Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement*. **Curry, S. J. and al., et.** 7, 2018, *JAMA*, Vol. 320, pp. 674-686.
20. *Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices*. **Schillie, Sarah, et al.** RR-01, January 12, 2018, *MMWR*, Vol. 67, pp. 1-31.
21. *Screening for Hepatitis C Virus Infection in Adolescents and Adults U.S. Preventive Services Task Force Recommendation*. **U.S. Preventive Services Task Force**. 10, 2020, *JAMA*, Vol. 323, pp. 970-975.
22. *Screening for Hepatitis B Infection in Pregnant Women: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force*. **Henderson, J. T., Webber, E. M. and Bean, S. I.** 4, 2019, *JAMA*, Vol. 322, pp. 360-362.
23. **Centers for Disease Control and Prevention**. *Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources*. 2021. *Sexually Transmitted Infections Treatment Guidelines*.
24. **National Institutes of Health, the HIV Medicine Association; Infectious Diseases Society of America Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV**. *Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV*. [Online] December 16, 2024. [Cited: January 22, 2025.] <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections>.