



# Take Action – Stop the Spread STI SCREENING GUIDELINES For sexually active patients

Most of the recommendations in this document are derived from the 2010 CDC Sexually Transmitted Diseases Treatment Guidelines unless otherwise noted.

**Abbreviations used:** MSM=men who have sex with men; WSW=women who have sex with women; PLWHA = persons living with HIV and AIDS; CT=Chlamydia trachomatis; GC=Neisseria gonorrhoea; HPV=Human Papillomavirus; BV=Bacterial Vaginosis; RAI = Receptive Anal Intercourse.

	WOMEN <sup>†</sup>	MEN	MSM <sup>§</sup>	PLWHA: MEN AND WOMEN	PREGNANT WOMEN	NOTES
<b>CHLAMYDIA<sup>[1]</sup></b>	Urogenital CT— All females age ≤ 25; > 25 if at-risk <sup>[2]</sup> Test at least annually	Urogenital CT— In high risk settings: STD clinics, military, Job Corps, entering jail if age < 30 <sup>[3]</sup>	Urogenital CT; Anal CT if receptive anal intercourse (RAI) Test at least annually	Urogenital CT; Anal CT (if RAI) At baseline and at least annually	First prenatal visit; retest 3rd trimester if age ≤ 25 or at-risk <sup>[2]</sup>	<sup>[1]</sup> Persons diagnosed with CT require retesting at 3 months post-treatment <sup>[2]</sup> At-risk: new or multiple sex partners <sup>[3]</sup> Frequency unspecified
<b>GONORRHEA<sup>[4]</sup></b>	Urogenital GC— All females if at-risk <sup>[5]</sup> Test at least annually	No screening recommendations	Urogenital GC; Anal GC (if RAI); Pharyngeal GC (if oral exposure) Test at least annually	Urogenital GC; Anal GC (if RAI); Pharyngeal GC (if oral exposure) At baseline and at least annually	First prenatal visit if at-risk or in high prevalence areas; retest 3rd trimester if at-risk <sup>[5]</sup>	<sup>[4]</sup> Persons diagnosed with GC require retesting at 3 months post-treatment <sup>[5]</sup> At-risk: Age < 25, new or multiple sex partners
<b>SYPHILIS</b>	No routine screening recommendation. Consider in high risk groups: Commercial sex workers, persons who exchange sex for drugs, MSM, those in adult correctional facilities. Frequency unspecified. <sup>[6]</sup>		Serology at least annually	Serology at baseline and at least annually	First prenatal visit and at delivery. Retest 3rd trimester if at-risk <sup>[7]</sup>	<sup>[6]</sup> <i>USPSTF. Screening for Syphilis: Recommendation Statement. July 2004. AHRQ, Rockville, MD.</i> <sup>[7]</sup> At-risk: new or multiple sex partners, sex workers, drug users, poor health care access
<b>HERPES</b>	No screening recommendations		Consider type specific serologic tests for HSV-2	Consider type specific serologic tests for HSV-2	No screening recommendations	
<b>HIV</b>	Routinized screening for all persons age 13-64 yrs; screening at least annually for persons at high-risk: IV drug users and their sex partners, persons who exchange sex or money for drugs, persons with multiple partners or HIV-infected partners <sup>[8]</sup>		At least annually if HIV-negative	NA	First prenatal visit; retest 3rd trimester if at-risk <sup>[9]</sup> and at delivery if not previously tested	<sup>[8]</sup> <i>Branson, B et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR. 2006; 55(RR14);1-17.</i> <sup>[9]</sup> At-risk: new or multiple sex partners
<b>TRICHOMONAS &amp; BACTERIAL VAGINOSIS</b>	Trichomonas: consider screening females if at-risk <sup>[10]</sup>	No screening recommendations		♀: Wet mount exam of vaginal secretions at baseline, including trichomonas testing if vaginal discharge is present		<sup>[10]</sup> At-risk: new or multiple sex partners, other STIs, inconsistent condom use, commercial sex work, drug use
<b>PAP TEST</b>	Begin at age 21, regardless of age of onset of sexual activity; every 2 yrs thereafter  Age > 30 with 3 consecutive negative paps: every 3 yrs until age 65-70 <sup>[11]</sup>	NA	NA	<b>Cervical pap:</b> At baseline and at 6 mo, then annually if negative <b>Anal pap:</b> · All men or women with hx of anogenital warts · All MSM · Women with h/o abnl cervical/ vulvar histology At baseline and at least annually <sup>[12]</sup>	First prenatal visit, if no test within the preceding year	<sup>[11]</sup> <i>Cervical cytology screening. ACOG Practice Bulletin No. 109. ACOG. Obstet Gynecol 2009;1409-20.</i> <sup>[12]</sup> <i>HIV Clinical Resource. New York State Department of Health AIDS Institute, 2000-2009. http://www.hivguidelines.org/Conte nt.aspx. Accessed 12/17/2009.</i>

<sup>†</sup> All women, including WSW

<sup>§</sup> Screening every 3-6 months is indicated for MSM with multiple or anonymous partners, illicit drug use (self or partners)



# Take Action – Stop the Spread STI VACCINATION GUIDELINES For sexually active patients

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	WOMEN†	MEN	MSM	PLWHA: MEN AND WOMEN	PREGNANT WOMEN	NOTES
<b>HPV VACCINE</b>	Quadrivalent or bivalent vaccine for routine use for all females age 11-12; catch-up through age 26. Approved for ages 9 through 26 <sup>[1]</sup>	Quadrivalent vaccine may be given to males age 9 through 26 <sup>[2]</sup>		Vaccinate as per recommendations for all women and men	Not recommended for use in pregnant women Pregnancy test not indicated prior to vaccination	<sup>[1]</sup> Centers for Disease Control and Prevention. <i>Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP)</i> . <i>MMWR</i> 2007;56 (No. RR-2): [1-32]. <sup>[2]</sup> Centers for Disease Control and Prevention. <i>ACIP Provisional Recommendations for HPV Vaccine</i> . December 1, 2009.
<b>HEPATITIS A</b>	Universal childhood vaccination; others according to risk <sup>[3,4]</sup>		Vaccinate if: • Previous infection not documented or • Immunization not documented	Vaccinate if: • Previous infection not documented or • Immunization not documented	Not routinely recommended during pregnancy	<sup>[3]</sup> Risk factors include: Injection and non-injection drug use; hemophilia; chronic liver disease; previous or needed liver transplant; travelers to countries with high rates of HAV (Africa, Central/South America, Asia, Middle East, Russia) <sup>[4]</sup> Centers for Disease Control and Prevention. <i>Prevention of Hepatitis A through active or passive immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)</i> . <i>MMWR</i> 2006;55 (No. RR-7): [1-32].
<b>HEPATITIS B</b>	Universal childhood vaccination; Adolescent catch-up; Unvaccinated adults in high risk settings: STI clinics, HIV testing facilities, drug abuse treatment facilities, facilities targeting MSM, corrections; Other unvaccinated adults: upon request  Serologic testing for HBsAg concurrent with vaccine administration in groups at risk <sup>[5,6]</sup>		Serologic testing for HBsAg concurrent with vaccine administration, if previous infection or immunization not documented <sup>[5]</sup>	HBV serologic testing at baseline; vaccination if HBsAb negative with testing for serologic response 1-2 months after series completion	Serologic testing for HBsAg at first prenatal visit; retest at delivery if at-risk <sup>[6]</sup>	<sup>[5]</sup> Centers for Disease Control and Prevention. <i>Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection</i> . <i>MMWR</i> 2008; 57 (No. RR-8); 1-20. <sup>[6]</sup> Persons born in geographic regions with HBsAg prevalence of > 2% (Eastern Europe, Asia, Africa, the Middle East, Pacific Islands); MSM; past and current IV drug users; persons receiving cytotoxic or immunosuppressive therapy; persons with liver disease of unknown etiology
<b>HEPATITIS C</b>	HCV antibody testing for anyone with liver disease or other risk factors <sup>[7]</sup>			HCV antibody testing at baseline; HCV RNA if unexplained liver function test elevation and HCV Ab negative	HCV antibody testing at first prenatal visit if at-risk <sup>[7]</sup>	<sup>[7]</sup> Risk factors include history of: injection-drug use; blood transfusion or solid organ transplant prior to July 1992; receipt of clotting factor concentrates produced before 1997; long term dialysis

† All women, including WSW