

2021 STI Screening Guidelines

CDC Screening Recommendations Referenced in the 2021 STI Treatment Guidelines

	Men	Women	Men Who Have Sex With Men (MSM)	Pregnant Women	Persons with HIV	Transgender & Gender Diverse People
Chlamydia	Urogenital CT; <ul style="list-style-type: none"> Consider screening young men in high prevalence clinical settings (e.g. adolescents, military, correctional facilities, STI clinic) or in populations with high burden of infection (e.g. MSM) 	Urogenital CT; <ul style="list-style-type: none"> Sexually active women < 25 years or ≥ 25 if at increased risk Retest approximately 3 months after treatment Rectal testing considered based on sexual behaviors and exposure	Urogenital CT; Anal CT if RAI <ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use Every 3 to 6 months if at increased risk (i.e. MSM on PrEP, HIV infection, multiple partners) 	<ul style="list-style-type: none"> All pregnant women < 25 yo or ≥ 25 if at increased risk Retest during the 3rd trimester for women < 25 or at risk Pregnant women with chlamydial infection should have a test-of-cure 4 weeks after treatment and be retested within 3 months 	Urogenital CT; Anal CT if RAI <ul style="list-style-type: none"> Screen each site at first HIV evaluation, and at least annually thereafter More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology 	<ul style="list-style-type: none"> Screening adapted based on anatomy (i.e. annual routine screening in cis-gender women <25 should be extended to all transgender men and gender diverse people with a cervix) Rectal testing considered based on sexual behaviors and exposure
Gonorrhea	<ul style="list-style-type: none"> No routine screening recommendation 	Urogenital GC; <ul style="list-style-type: none"> Sexually active women < 25 years or ≥ 25 if at increased risk Retest 3 months after treatment 	Urogenital GC; Anal GC if RAI; pharyngeal GC (if oral exposure) <ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use Every 3 to 6 months if at increased risk 	<ul style="list-style-type: none"> All pregnant women < 25 yo or ≥ 25 if at increased risk Retest during the 3rd trimester for women < 25 or at risk Retest within 3 months 	Urogenital GC; Anal GC if RAI; pharyngeal GC (if oral exposure) <ul style="list-style-type: none"> Screen at first HIV evaluation, and at least annually thereafter More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology 	<ul style="list-style-type: none"> Screening adapted based on anatomy (i.e. annual routine screening in cis-gender women <25 should be extended to all transgender men and gender diverse people with a cervix) Rectal & pharyngeal testing based on sexual behaviors and exposure
Syphilis	<ul style="list-style-type: none"> Screen asymptomatic adults at increased risk: history of incarceration of transactional sex work, geography, race/ethnicity, and being male < 29 yo 		<ul style="list-style-type: none"> Serology at least annually for sexually active MSM Every 3 to 6 months if at increased risk 	<ul style="list-style-type: none"> All pregnant women at the first prenatal visit Retest at 28 weeks gestation & at delivery if at high risk 	<ul style="list-style-type: none"> Serology at first HIV evaluation, and at least annually thereafter More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology 	<ul style="list-style-type: none"> Consider screening at least annually based on sexual behaviors and exposure
Herpes	<ul style="list-style-type: none"> Type-specific HSV serologic testing should be considered for men presenting for STI evaluation (especially men with multiple sex partners) 	<ul style="list-style-type: none"> Type-specific HSV serologic testing should be considered for women presenting for an STI evaluation (especially women with multiple sex partners) 	<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 	<ul style="list-style-type: none"> No routine HSV-2 serologic screening among asymptomatic pregnant women Type-specific serologic tests useful for identifying pregnant women at risk for HSV infection & guiding counseling regarding the risk for acquiring genital herpes during pregnancy 	<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) 	

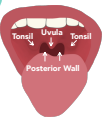
	Men	Women	Men Who Have Sex With Men (MSM)	Pregnant Women	Persons with HIV	Transgender & Gender Diverse People
HIV	<ul style="list-style-type: none"> All persons aged 13-64 years (opt-out) All persons who seek evaluation and treatment for STIs 		<ul style="list-style-type: none"> At least annually for 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 	<ul style="list-style-type: none"> All pregnant women screened at first prenatal visit (opt-out) Retest in 3rd trimester if at high risk Rapid testing performed at delivery if not previously screened during pregnancy 	<ul style="list-style-type: none"> N/A 	<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
Trichomonas		<ul style="list-style-type: none"> Consider for women receiving care in high prevalence settings (e.g., STI clinics & correctional facilities) and for asymptomatic women at high risk (e.g., multiple sex partners, transactional sex, drug misuse, and a history of STI) 			<ul style="list-style-type: none"> Recommended for sexually active women at entry to 	
HPV, Cervical & Anal Cancer		<ul style="list-style-type: none"> Women 21-29: every 3 years with cytology Women 30-65: every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing 	<ul style="list-style-type: none"> Digital ano-rectal exam No recommendation for routine anal cancer screening with anal cytology 	<ul style="list-style-type: none"> Same intervals as non-pregnant cis-gender women 	<ul style="list-style-type: none"> Women 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 	<ul style="list-style-type: none"> Screening for people with a cervix should follow current screening guidelines for cervical cancer
Hepatitis B	<ul style="list-style-type: none"> Men at increased risk (i.e., by sexual or percutaneous exposure) 	<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) 	<ul style="list-style-type: none"> All MSM should be tested for HBsAg, HBV core antibody, and HBV surface antibody 	<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 	<ul style="list-style-type: none"> Screen Test for HBsAg and anti-HBc and/or anti-HBs 	<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%
Hepatitis C	<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% 			<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 	<ul style="list-style-type: none"> Serologic testing at initial evaluation Annual HCV testing in MSM with HIV infection 	<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%

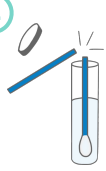
STI Screening: Collection Instructions


Pharyngeal

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Open Aptima kit and remove tube. Remove the swab with the **BLUE** shaft
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Instruct the patient to open mouth widely. You may need to tilt the head back or use a tongue depressor
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Be sure to make good contact with the tonsils and posterior pharynx with the **BLUE** swab
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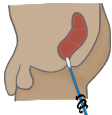
Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark
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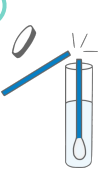
Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
CPT Code: 87491, 87591


Rectal

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Open Aptima kit and remove tube. Remove the swab with the **BLUE** shaft
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Carefully insert the **BLUE** swab 3-5 cm into the rectum. If needed, before inserting swab, wet swab with water or saline
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Rotate swab against the rectal wall for 5-10 seconds, then slowly withdraw the swab. Swabs that are grossly contaminated with feces should be discarded and the collection repeated
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Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark
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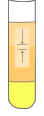
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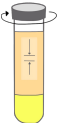
Urine

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Open Aptima kit and remove urine collection cup, disposable pipette and transport tube
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For sample, must be >1 hour since last urination. Direct patient to provide first-catch urine (20-30 mL) into urine collection cup
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Remove cap from specimen tube and transfer 2 mL of urine into the tube using disposable pipette from the collection kit
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The correct volume of urine has been added when fluid level is between black fill lines on the urine specimen tube label
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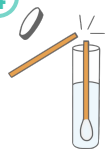
Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
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Vaginal

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Open Aptima kit and remove tube. Remove the swab with the **ORANGE** shaft
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Carefully insert **ORANGE** swab into vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds
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Make sure the swab touches the vagina walls so that moisture is absorbed by the swab and withdraw swab without touching the skin
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Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark
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Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
CPT Code: 87491, 87591

Note: All specimens can also be self-collected. Self collection enables people to easily get tested for STIs in the privacy of their homes in a safe and confidential manner.