

2015 STI Screening Guidelines


CDC Screening Recommendations Referenced in the 2015 STD Treatment Guidelines


	Men	Women	Men Who Have Sex With Men (MSM)	Pregnant Women	Persons with HIV
Chlamydia	Urogenital CT; ✦ Consider screening young men in high prevalence clinical settings (e.g. adolescents, military, correctional facilities) or in populations with high burden of infection (e.g. MSM)	Urogenital CT; ✦ Sexually active women < 25 yo or ≥ 25 if at increased risk ✦ Retest approximately 3 months after treatment	Urogenital CT; Anal CT if RAI ✦ 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	✦ All pregnant women < 25 yo or ≥ 25 if at increased risk ✦ Retest during the 3 rd trimester for women < 25 or at risk ✦ Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months	Urogenital CT; Anal CT if RAI ✦ 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
Gonorrhea	✦ No routine screening recommendation	Urogenital GC; ✦ Sexually active women < 25 yo or ≥ 25 if at increased risk ✦ Retest approximately 3 months after treatment	Urogenital GC; Anal GC if RAI; pharyngeal GC (if oral exposure) ✦ 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	✦ All pregnant women < 25 yo or ≥ 25 if at increased risk ✦ Retest 3 months after treatment	Urogenital GC; Anal GC if RAI; pharyngeal GC (if oral exposure) ✦ 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
Syphilis	✦ No routine screening recommendation ✦ Consider in high risk groups: commercial sex workers, persons who exchange sex for drugs, MSM, persons in adult correctional facilities		✦ Serology at least annually for sexually active MSM ✦ Every 3 to 6 months if at increased risk	✦ All pregnant women at the first prenatal visit ✦ Retest early in the 3 rd trimester and at delivery if at high risk	✦ 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
Herpes	✦ Type-specific HSV serologic testing should be considered for men presenting for an STD evaluation (especially for men with multiple sex partners)	✦ Type-specific HSV serologic testing should be considered for women presenting for an STD evaluation (especially for women with multiple sex partners)	✦ Type-specific serologic tests can be considered if infection status is unknown in MSM with previously undiagnosed genital tract infection	✦ 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	✦ Type-specific HSV serologic testing should be considered for persons presenting for an STD evaluation (especially for those persons with multiple sex partners), persons with HIV infection, and MSM at increased risk for HIV acquisition
HIV	✦ All persons aged 13-64 years (opt-out) ✦ All persons who seek evaluation and treatment for STDs		✦ At least annually for sexually active MSM if HIV status is unknown or negative and the patient himself or his sex partner(s) have had more than one sex partner since most recent HIV test	✦ All pregnant women screened at first prenatal visit (opt-out) ✦ Retest in the third trimester if at high risk	✦ N/A
Trichomonas	✦ No routine screening recommendation	✦ Consider for women receiving care in high prevalence settings (e.g., STD clinics & correctional facilities) and for women at high risk for infection (e.g., women with multiple sex partners, exchanging sex for payment, illicit drug use, and a history of STD)	✦ No routine screening recommendation	✦ No routine screening recommendation	✦ Recommended for sexually active women at entry to care and at least annually thereafter
Cervical Cancer (HPV)	✦ N/A	✦ 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	✦ N/A	✦ Same intervals as non-pregnant women	✦ Women should be screened within 1 year of sexual activity or initial HIV diagnosis using conventional or liquid-based cytology; testing should be repeated 6 months later


Abbreviations: MSM: men who have sex with men; CT: Chlamydia trachomatis; GC: Neisseria gonorrhoea; RAI: receptive anal intercourse; HPV: human papillomavirus

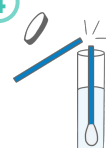
STI Screening: Collection Instructions

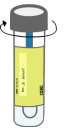
| Pharyngeal |

1  Open Aptima kit and remove tube. Remove the swab with the **BLUE** shaft


2  Instruct the patient to open mouth widely. You may need to tilt the head back or use a tongue depressor


3  Be sure to make good contact with the tonsils and posterior pharynx with the **BLUE** swab

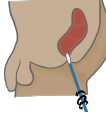
4  Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark

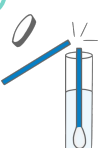
5  Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
CPT Code: 87491, 87591


| Rectal |

1  Open Aptima kit and remove tube. Remove the swab with the **BLUE** shaft


2  Carefully insert the **BLUE** swab 3-5 cm into the rectum. If needed, before inserting swab, wet swab with water or saline


3  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


4  Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark

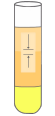
5  Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
CPT Code: 87491, 87591

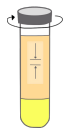
| Urine |

1  Open Aptima kit and remove urine collection cup, disposable pipette and transport tube


2  For sample, must be >1 hour since last urination. Direct patient to provide first-catch urine (20-30 mL) into urine collection cup

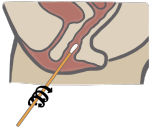
3  Remove cap from specimen tube and transfer 2 mL of urine into the tube using disposable pipette from the collection kit


4  The correct volume of urine has been added when fluid level is between black fill lines on the urine specimen tube label

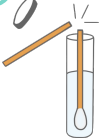
5  Put cap back tightly on test tube to prevent any leaking. Label and date the specimen
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| Vaginal |

1  Open Aptima kit and remove tube. Remove the swab with the **ORANGE** shaft

2  Carefully insert **ORANGE** swab into vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds

3  Make sure the swab touches the vagina walls so that moisture is absorbed by the swab and withdraw swab without touching the skin

4  Remove cap from test tube. Immediately place swab in test tube. Break swab shaft at the score mark

5  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.