

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

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 gonorrhea; RAI = Receptive Anal Intercourse; BV=Bacterial Vaginosis; HPV=Human Papillomavirus; HAV=Hepatitis A Virus; HBV=Hepatitis B Virus; HCV = Hepatitis C Virus



	WOMEN [†]	MEN	MSM [§]	PLWHA: MEN AND WOMEN	PREGNANT WOMEN	NOTES
*CHLAMYDIA ^[1]	Urogenital CT– All females age ≤ 25; > 25 if at-risk ^[2] Test at least annually	Urogenital CT– In high risk settings: STI and adolescent clinics; military; entering correctional facilities age < 30 yrs. ^[3] Frequency unspecified	Urogenital CT; Anal CT if receptive anal intercourse (RAI) Test at each site of exposure at least annually	Urogenital CT; Anal CT if receptive anal intercourse (RAI) Test at each site of exposure at baseline and at least annually	First prenatal visit; retest during 3rd trimester if age ≤ 25 or at-risk ^[2]	[1] Retest persons diagnosed with CT at 3-6 months post-treatment [2] At-risk: new or multiple sex partners [3] See footnote references for full reference
*GONORRHEA ^[4]	Urogenital GC– All females if at-risk ^[5] Test at least annually	No routine screening recommendation	Urogenital GC; Anal GC (if RAI); Pharyngeal GC (if oral exposure) Test at each site of exposure least annually	Urogenital GC; Anal GC (if RAI); Pharyngeal GC (if oral exposure) Test at each site of exposure at baseline and at least annually	First prenatal visit if at-risk or in high prevalence areas; retest during 3rd trimester if at-risk ^[5]	[4] Retest persons diagnosed with GC at 3-6 months post-treatment [5] At-risk: age < 25, new or multiple sex partners, other STIs, drug use
*SYPHILIS	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 ^[6]		Serology at least annually	Serology at baseline and at least annually	First prenatal visit and at delivery; retest during 3rd trimester if at-risk ^[7]	[6] See footnote references for full reference [7] At-risk: new or multiple sex partners, sex work, drug use, poor health care access
HERPES	No routine screening recommendation Consider type-specific HSV serologic testing for persons presenting for an STI evaluation, especially if multiple sex partners; persons with HIV infection; MSM at increased risk for HIV		Consider type-specific serologic testing for HSV-2	Consider type-specific serologic testing for HSV-2	No routine screening recommendation	
*HIV	Routinized screening for persons aged 13-64 yrs. in all health care settings; Offer to all persons who seek evaluation and treatment for STIs Frequency unspecified		At least annually if HIV-negative	NA	First prenatal visit; retest during 3rd trimester if at-risk ^[8] and at delivery if not previously tested	[8] At-risk: new or multiple sex partners; drug use; other STI during pregnancy; those receiving health care in high- prevalence area or facility (HIV incidence ≥ 1/1,000 pregnant women)
TRICHOMONAS & BACTERIAL VAGINOSIS	Trichomonas: consider screening females if at-risk ^[9]	No routine screening recommendation		♀: Wet mount or culture of vaginal secretions for <i>T. vaginalis</i> at baseline and at least annually	BV: insufficient evidence for screening pregnant women at high-risk for preterm delivery	[9] At-risk: new or multiple sex partners, other STIs, inconsistent condom use, commercial sex work, drug use
CERVICAL & ANAL CANCER (HPV)	Begin screening every 3 yrs. with pap test at age 21, regardless of age of onset of sexual activity. Age ≥ 30 with 3 consecutive negative paps, pap every 3 yrs. [10]	NA	NA	Cervical pap: All females at baseline and at 6 mo., then annually if negative Anal pap: ^[11] • Any patient with h/o anogenital condylomas • All MSM • Women with h/o abnormal cervical/ vulvar histology At baseline and at least annually	Pap testing at same frequency as nonpregnant women	[10] See footnote references for full reference [11] See footnote references for full reference

* In NYC, report cases to DOHMH: 1-866-NYC-DOH-1. Check with your local health department regarding reporting in your area.

† All women, including WSW

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

References:

[3] CDC. Male Chlamydia Screening Consultation, Atlanta, Georgia. March 28-29, 2006. Meeting Report, May 2007. Available at <http://www.cdc.gov/std/chlamydia/ChlamydiaScreening-males.pdf>.

[6] U.S. Preventive Services Task Force. Screening for Syphilis Infection: Recommendation Statement. Ann Fam Med 2004 ;2:362-365.

[10] ACOG, <http://www.acog.org/About%20ACOG/Announcements/New%20Cervical%20Cancer%20Screening%20Recommendations.aspx>

[11] HIV Clinical Resource. New York State Department of Health AIDS Institute, 2000-2011. <http://www.hivguidelines.org/clinical-guidelines/adults/neoplastic-complications-of-hiv-infection/> Accessed 10/12/2011.

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

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 gonorrhea; RAI = Receptive Anal Intercourse; BV=Bacterial Vaginosis; HPV=Human Papillomavirus; HAV=Hepatitis A Virus; HBV=Hepatitis B Virus; HCV = Hepatitis C Virus



	WOMEN†	MEN	MSM	PLWHA: MEN AND WOMEN	PREGNANT WOMEN	NOTES
HPV VACCINE ^[12]	Quadrivalent or bivalent vaccine for routine use for all females aged 11-12 yrs.; catch-up through age 26. Approved for ages 9 through 26 yrs. ^[13]	Quadrivalent vaccine for routine use for all males 11-21 years of age, for males 22-26 years of age who are HIV+, MSM, or immunocompromised. Vaccine may be given to other males aged 22 through 26 yrs. Approved for use ages 9 through 26 years. ^{[14][15]}		Vaccinate as per recommendations for all HIV-negative women and men	Not recommended during pregnancy. Pregnancy test not indicated prior to vaccination. ^[16]	[12] Bivalent (Cervarix) and quadrivalent (Gardasil): administer IM as a 3-dose series at 0, 1-2, and 6 months [13] Women who have received HPV vaccine should continue routine cervical cancer screening [14,15,16] See footnote references for full reference
*HEPATITIS A VACCINE ^[17]	Adolescents and adults according to risk, including MSM, injection and non-injection drug users, persons with chronic liver disease, close contacts to HAV-infected persons, travelers to HAV-endemic areas		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	[17] Administer IM in 2-dose series at 0 and 6-12 months. Combined HAV and HBV vaccine (Twinrix) may be given to adults aged ≥18 yrs. as 3-dose series at 0, 1 and 6 months
*HEPATITIS B VACCINE ^[18]	All unvaccinated adolescents; Unvaccinated adults in risk settings: STI clinics, HIV testing and treatment facilities, drug abuse treatment and prevention facilities, facilities targeting MSM, corrections; other unvaccinated adults: upon request Serologic testing for HBsAg, anti-HBc/ anti-HBs concurrent with vaccine administration in groups at risk ^[19] Serologic testing, when indicated, should not delay administration of vaccine		Serologic testing for HBsAg, anti-HBc/anti-HBs concurrent with vaccine administration, if previous infection or immunization not documented	Serologic testing for HBsAg, anti-HBc/anti-HBs at baseline concurrent with vaccine administration, if previous infection or immunization not documented; testing for serologic response 1-2 months after series completion	Serologic testing for HBsAg at first prenatal visit concurrent with vaccine administration, if previous infection or immunization not documented; retest at delivery if at-risk ^[19]	[18] Administer IM as a 3-dose series at 0,1 and 6 months; 0,1 and 4 months; or 0,2 and 4 months. See [16] above regarding use of combined HAV and HBV vaccine [19] At risk: injection drug users, unvaccinated household, sexual and needle-sharing contacts of HBsAg-positive persons; persons born in certain geographic regions; for complete list, see http://cdc.gov/mmwr/PDF/rr/rr5708.pdf p. 9-11. See footnote references for full reference
*HEPATITIS C	HCV antibody testing for all persons with signs and symptoms of liver disease or other risk factors ^[20]			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 ^[20]	[20] 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

* In NYC, report all cases of Hepatitis A, B and C to DOHMH: 1-866-NYC-DOH-1. Check with your local health department regarding reporting in your area.

† All women, including WSW

References:

- [14] Centers for Disease Control and Prevention. FDA Licensure of Quadrivalent Human Papillomavirus Vaccine (HPV4, Gardasil) for Use in Males and Guidance from the Advisory Committee on Immunization Practices (ACIP). MMWR 2010; 59(20):630-632.
[15] Centers for Disease Control and Prevention. Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males-Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011; 60(50):1705-1708.
[16] Centers for Disease Control and Prevention. FDA Licensure of Bivalent Human Papillomavirus Vaccine (HPV2, Cervarix) for Use in Females and Updated HPV Vaccination Recommendations from the Advisory Committee on Immunization Practices (ACIP). MMWR 2010; 59(20):626-629.
[19] Centers for Disease Control and Prevention. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. MMWR 2008;57(No. RR-8):1-20.

Other Resources:

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59 (No. RR-12):1-110.
Branson, B et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55 (No. RR-14):1-17.
Cervical Cytology Screening. ACOG Practice Bulletin No. 109. ACOG. Obstet Gynecol 2009;140:9-20.
Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007;56 (No. RR-2):1-32.
Centers for Disease Control and Prevention. ACIP Provisional Recommendations for HPV Vaccine. December 1, 2009.
Centers for Disease Control and Prevention. Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55 (No. RR-7): 1-32.