

STD Screening Recommendations- Hawaii¹ 2011

The following recommendations are based on guidelines for STD screening from the Centers for Disease Control and Prevention, United States Preventive Services Task Force, Infectious Disease Society of America, Region IX Infertility Prevention Project, and the Hawaii STD Prevention Program. In populations for whom no recommendations exist, screening should be based on risk factors, local epidemiology and prevalence of specific STDs in the particular clinical setting. **All individuals** diagnosed with chlamydia or gonorrhea should be retested for repeat infection at 3 months after treatment; retesting can also be performed anytime the patient returns for care in the 3-12 months after treatment. Other factors to consider prior to screening are summarized in the footnotes below. Consider obtaining a gonorrhea culture if patient is symptomatic and sexual activity occurred during travel to Asian countries.

	Population	STD Screening Recommendations	Frequency	Comments
Women	Women 25 years of age and younger ^{1,3}	Chlamydia (CT)..... Gonorrhea (GC)..... Other STDs according to risk, HIV.....	Annually Annually At least once, then repeat Annually only if high-risk	CT/GC: consider screening more frequently for those at increased risk
	Women over 25 years of age ^{1,4}	No routine screening for STDs. Screen according to risk HIV.....	At least once prior to age 64, then repeat annually only if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women ^{1,5}	CT..... GC..... Syphilis..... HIV..... Hepatitis B Surface Antigen (HBsAg)	First prenatal visit/first trimester First prenatal visit/first trimester First prenatal visit/first trimester First prenatal visit/first trimester First trimester	Repeat screening for CT, GC, syphilis, HIV, HBsAg in third trimester if at increased risk
	HIV-positive women ^{6,7}	CT..... GC..... Syphilis..... Trichomoniasis..... HSV-2..... HBsAg..... Hepatitis C.....	Annually Annually Annually First visit First visit First visit First visit Repeat screening every 3-6 months, as indicated by risk	CT: urine, vaginal/cervical, rectal (if exposed) GC: urine, vaginal/cervical, rectal and pharyngeal (if exposed)
Men	Heterosexual men ³	No routine screening for STDs Screen according to risk HIV.....	At least once prior to age 64, then annually only if high-risk	Targeted screening for CT in high risk settings (e.g. corrections) or if risk factors (e.g. CT in past 24 months)
	Men who have sex with men (MSM) ^{1,3,6}	CT..... GC..... Syphilis..... HIV..... HBsAg.....	Annually Annually Annually Annually At least once Repeat screening every 3-6 months, as indicated by risk	CT: urine, urethral, rectal (if exposed) GC: urine, urethral, rectal and pharyngeal (if exposed)
	HIV-positive men ^{6,7}	CT..... GC..... Syphilis..... HSV-2..... HBsAg..... Hepatitis C ¹	Annually Annually Annually First visit First visit First visit and annually Repeat screening every 3-6 months, as indicated by risk	CT: urine, urethral, rectal (if exposed) GC: urine, urethral, rectal and pharyngeal (if exposed)

NOTES AND REFERENCES

¹Centers for Disease Control and Prevention. 2010 Sexually Transmitted Diseases Treatment Guidelines. MMWR 2010; 59(RR12);1-110.

²California Guidelines for Gonorrhea Screening and Diagnostic Testing among Women in Family Planning Settings. www.cdph.ca.gov/programs/std

Risk factors for CT/GC in women 25 and under: prior CT or GC infection or other STD; new or more than one sex partner; suspicion that a recent partner may have had concurrent partners and/or not medically managed for exposure to STD; exchanging sex for drugs or money in the past year; inconsistent or incorrect use of condom.

³Screening for asymptomatic HSV-2 infection should be offered to select patients based on an assessment of their motivation to reduce their risk. Universal screening in the general population should not be offered. Screening should be offered to patients in partnerships or considering partnerships with HSV-2-infected individuals. Herpes education and prevention counseling should be provided to every patient tested or screened for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies – Recommendations from the STD Controllers Association and the California Department of Public Health. www.cdph.ca.gov/programs/std

⁴Risk factors for CT or GC in women over 25: prior CT or GC infection or other STD, particularly in past 24 months; more than one sex partner in the past 6 months; suspicion that a recent partner may have had concurrent partners and/or not medically managed for exposure to STD; new sex partner in past 3 months; exchanging sex for drugs or money in the past year; inconsistent or incorrect use of condom; geographical chlamydia positivity rate greater than 3% .

⁵In pregnant women with a history of injection drug use or a history of blood transfusion or organ transplantation before 1992, screening for hepatitis C should be conducted. Universal screening for HSV-2 infection in pregnancy is not recommended; consider screening with HSV-2 type-specific serology for pregnant women without a history of herpes and a partner with HSV-2 infection. California Guidelines for STD Screening and Treatment in Pregnancy. www.cdph.ca.gov/programs/std.

⁶Routine hepatitis B vaccination is recommended for MSM and past or current injection drug users. HBsAg testing should be performed at the same visit that the first vaccine dose is given; if testing is not feasible in the current setting, routine vaccination of these populations should continue. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR 2008; 57 (RR-8).

⁷Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2009 Update by the HIV Medicine Association of the Infectious Disease Society of America. *Clinical Infectious Diseases* 2009; 49, 651-681.