STD SCREENING GUIDELINES
Washington State Clinical Laboratory Advisory Council

Who should be screened?

Asymptomatic Screening

Women
- *Chlamydia trachomatis* (if age ≤25 or multiple sex partners or *C. trachomatis* diagnosis in last 3-4 months)
- *Neisseria gonorrhoeae* (if age ≤25 or multiple sex partners or *N. gonorrhoeae* diagnosis in last 3-4 months)
- Cervical cancer (Pap smear)

Pregnant women
The following tests are recommended at the first prenatal visit, with additional testing as indicated.
- HIV testing. Retesting in the third trimester (preferably before 36 weeks' gestation) is recommended for women at high risk for acquiring HIV infection.
- A serologic test for syphilis at the time of first examination.
- A serologic test for hepatitis B surface antigen (HBsAg) should be performed on all women at the first prenatal visit and repeated late in pregnancy for women at high risk of hepatitis B infection.
- *Chlamydia trachomatis*. Repeat during the third trimester for women aged ≤25 years and women with a new, or more than one sex partner, exposure to STD, or *C. trachomatis* diagnosis in last 3-4 months.
- *Neisseria gonorrhoeae* for women at risk. Repeat during third trimester if risk continues, or *N. gonorrhoeae* diagnosis in last 3-4 months.
- Women at high risk for hepatitis C infection (history of injection drug use, history of blood transfusion or organ transplantation before 1992) should be screened for hepatitis C antibodies (anti-HCV).
- A Papanicolaou (Pap) smear.
- Women symptomatic for bacterial vaginosis should be evaluated and treated.

Women Who Have Sex with Women
- *Chlamydia trachomatis* (if age ≤25 or multiple sex partners or *C. trachomatis* diagnosis in last 3-4 months)
- *Neisseria gonorrhoeae* (if age ≤25 or multiple sex partners or *N. gonorrhoeae* diagnosis in last 3-4 months)
- Cervical cancer (Pap smear)

Men Who Have Sex with Women
- *C. trachomatis* if clinical setting is corrections, adolescent health or STD clinic, or *C. trachomatis* diagnosis in last 3-4 months
- *N. gonorrhoeae* if high prevalence area or *N. gonorrhoeae* diagnosis in last 3-4 months.

Men Who Have Sex with Men
- Syphilis (*Treponema pallidum*)
- Human Immunodeficiency Virus (HIV)*
- *C. trachomatis* urethral and/or rectal infection (see Chlamydia Screening Guideline for test method by specimen type)
- *N. gonorrhoeae* urethral, rectal and/or pharyngeal infection, if high prevalence area or *N. gonorrhoeae* diagnosis in last 3-4 months
- Hepatitis A* and B* (if immune status is unknown)

Possible Sexual Assault or Child Abuse Patients: see "Sexual Assault and STDs," Sexually Transmitted Diseases Treatment Guidelines, 2010, pages 90-91.

REFERENCE:
1 Sexually Transmitted Diseases Treatment Guidelines, MMWR December 17, 2010, 59 (No. RR-12)

FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.
## Clinical Prevention Guidelines:
The prevention and control of STDs is based on the following five major concepts: a) education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors and use of recommended prevention strategies; b) identification of asymmetrically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services; c) effective diagnosis and treatment of infected persons; d) evaluation, treatment and counseling of sex partners of persons who are infected with an STD; and e) pre-exposure vaccination of persons at risk for vaccine-preventable STDs.

### Clinical Considerations:
All patients at risk for STD should undergo a standardized examination that includes:
1. specific, relevant history,
2. physical examination, and
3. laboratory tests

The examination should be followed with a written clinical assessment based on 1) the history, 2) physical examination with a discussion of any abnormalities and 3) a management plan that includes all laboratory tests requested and therapies initiated and when the patient should return for follow-up.

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### Symptomatic Testing
*listed by symptom and organism/syndrome to consider testing for*

<table>
<thead>
<tr>
<th>Symptom/Syndrome</th>
<th>Organism/Syndrome to Test for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethritis/Cervicitis</td>
<td><em>C. trachomatis</em>, <em>N. gonorrhoeae</em></td>
</tr>
<tr>
<td>Less frequent causes of urethritis</td>
<td><em>Trichomonas vaginalis</em>, herpes simplex virus, <em>Mycoplasma genitalium</em></td>
</tr>
<tr>
<td>Genital Ulcers/Inguinal Lymphadenopathy</td>
<td><em>Syphilis</em> (T. pallidum), <em>HSV</em></td>
</tr>
<tr>
<td>- Chancroid (Haemophilus ducreyi) (rare)</td>
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<tr>
<td>- LGV serovars L1, L2 &amp; L3 (rare)</td>
<td></td>
</tr>
<tr>
<td>- Granuloma Inguinale (Donovanosis) (rare)</td>
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<tr>
<td>Proctitis/Proctocolitis</td>
<td><em>N. gonorrhoeae</em>, <em>C. trachomatis</em>, <em>Enteric bacteria</em></td>
</tr>
<tr>
<td>Liver Disease/Syndrome</td>
<td><em>N. gonorrhoeae</em>, <em>C. trachomatis</em></td>
</tr>
<tr>
<td>Ectoparasitic Infections</td>
<td><em>Pediculosis pubis</em>, <em>Scabies</em></td>
</tr>
</tbody>
</table>

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* See screening guidelines for this condition
† Consider consultation with infectious disease or STD expert

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* Chlamydia trachomatis - nucleic acid amplification test (NAAT), nucleic acid hybridization, culture or antigen test (e.g., EIA, DFA)
† Neisseria gonorrhoeae - culture, nucleic acid amplification test (NAAT), or nucleic acid hybridization
‡ Cervical cancer - Pap test/Pap + HPV test
§ Syphilis - non treponemal antibody screening test (RPR or VDRL) with treponemal confirmatory test (TP-PA or MHA-TP), darkfield, treponeme-specific EIA
¶ HIV - HIV antibody screening test with confirmatory test, HIV RNA testing to identify acute infection
¶ Hepatitis A - anti-HAV IgG
¶¶ Hepatitis B - hepatitis B surface antigen, core antibody, anti-HBs
¶¶¶ Trichomonas vaginalis - wet mount, culture, DNA hybridization assay, rapid antigen detection test; NAAT validated in-house

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1. Herpes simplex virus - culture, non-rapid antigen detection test, Western blot, PCR
2. Chancroid - culture
3. Lymphogranuloma venereum - nucleic acid amplification, culture
4. Granuloma Inguinale - Giemsa or Wright stain
5. Candidiasis - KOH preparation, wet mount, Gram stain, DNA hybridization, culture
6. Bacterial vaginosis - at least three criteria present (homogenous discharge, pH > 4.5, positive amine odor test, presence of clue cells - > 20% of epithelial cells), Gram Stain
7. Enteric bacteria - urine culture
8. Enteric pathogens - stool culture and ova and parasites examination, Giardia antigen
9. Pediculosis pubis - presence of lice or nits (eggs) in pubic hair
10. Scabies - presence of mites, eggs or feces in mineral oil preparation of skin scrapings

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**PUB #681-NonDOH (March 2012)**