

STD SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council

Originally published: April 1998 Reviewed/Revised: October 2000/March 2005/May 2008/March 2012

Who should be screened?

Asymptomatic Screening

Women

- *Chlamydia trachomatis*^{a*} (if age \leq 25 or multiple sex partners or *C. trachomatis* diagnosis in last 3-4 months)
- *Neisseria gonorrhoeae*^b (if age \leq 25 or multiple sex partners or *N. gonorrhoeae* diagnosis in last 3-4 months)
- Cervical cancer^c (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 \leq 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*^{a*} (if age \leq 25 or multiple sex partners or *C. trachomatis* diagnosis in last 3-4 months)
- *Neisseria gonorrhoeae*^b (if age \leq 25 or multiple sex partners or *N. gonorrhoeae* diagnosis in last 3-4 months)
- Cervical cancer^c (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^d (*Treponema pallidum*)
- Human Immunodeficiency Virus (HIV)^{e*}
- *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^f and B^{g*} (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)
- 2 The Practitioner's Handbook for the Management of Sexually Transmitted Disease, 3rd ed., 2004 CL Celum et al.

FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Symptomatic Testing (listed by symptom and organism/syndrome to consider testing for)

Urethritis/Cervicitis

- *C. trachomatis*^{*}
- *N. gonorrhoeae*
- Less frequent causes of urethritis:
Trichomonas vaginalis^h, herpes simplex virusⁱ
(HSV), *Mycoplasma genitalium*

Genital Ulcers/Inguinal Lymphadenopathy

- Syphilis (*T. pallidum*)
- HSV
- Chancroid^l (*Haemophilus ducreyi*) (rare[†])
- Lymphogranuloma venereum^k (*C. trachomatis* LGV serovars L1, L2 & L3) (rare[†])
- Granuloma Inguinale^l (Donovanosis) (rare[†])

Vaginitis

- Trichomoniasis (*T. vaginalis*)
- Candidiasis (*Candida albicans*)^m
- Bacterial vaginosisⁿ

HIV Disease (see HIV screening guidelines for tests)

Pelvic Inflammatory Disease

- *N. gonorrhoeae*
- *C. trachomatis*^{*}

Epididymitis

- *N. gonorrhoeae*
- *C. trachomatis*^{*}
- Enteric bacteria^o

Proctitis/Proctocolitis/Enteritis

- *N. gonorrhoeae*
- *C. trachomatis*
- HSV
- Syphilis (*T. pallidum*)
- Enteric pathogens^p - patients with HIV may require additional tests

Liver Disease/Syndrome

(see hepatitis screening and testing guidelines)

Ectoparasitic Infections

- Pediculosis pubis^q (*Pthirus pubis*, pubic louse, "crabs")
- Scabies^r (*Sarcoptes scabiei*)

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 asymptotically 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 STDs¹.

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.²

* See screening guidelines for this condition

† Consider consultation with infectious disease or STD expert

^a *Chlamydia trachomatis* - nucleic acid amplification test (NAAT), nucleic acid hybridization, culture or antigen test (e.g., EIA, DFA)

^b *Neisseria gonorrhoeae* - culture, nucleic acid amplification test (NAAT), or nucleic acid hybridization

^c Cervical cancer - Pap test/Pap + HPV test

^d Syphilis - nontreponemal antibody screening test (RPR or VDRL) with treponemal confirmatory test (TP-PA or MHA-TP), darkfield, treponeme-specific EIA

^e HIV - HIV antibody screening test with confirmatory test, HIV RNA testing to identify acute infection

^f Hepatitis A - anti-HAV IgG

^g Hepatitis B - hepatitis B surface antigen, core antibody, anti-HBs

^h *Trichomonas vaginalis* - wet mount, culture, DNA hybridization assay, rapid antigen detection test; NAAT validated in-house

ⁱ Herpes simplex virus - culture, non-rapid antigen detection test, Western blot, PCR

^j Chancroid - culture

^k Lymphogranuloma venereum - nucleic acid amplification, culture

^l Granuloma inguinale - Giemsa or Wright stain

^m Candidiasis - KOH preparation, wet mount, Gram stain, DNA hybridization, culture

ⁿ 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

^o Enteric bacteria - urine culture

^p Enteric pathogens - stool culture and ova and parasites examination, Giardia antigen

^q *Pediculosis pubis* - presence of lice or nits (eggs) in pubic hair

^r Scabies - presence of mites, eggs or feces in mineral oil preparation of skin scrapings