

Putting Prevention Into Practice

An Evidence-Based Approach

Screening for Chlamydia and Gonorrhea

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Case Study

A 20-year-old woman, R.G., who recently moved from another state presents for a wellness examination. R.G. reports no significant medical history and states that she has no health concerns, does not have a history of any sexually transmitted infections, and does not use tobacco, alcohol, or drugs. Last year, R.G. began taking oral contraceptives and reports regular monthly menses. She currently is in a monogamous relationship with her 21-year-old boyfriend of six months. They do not use condoms during intercourse. R.G. has not had any other sex partners in the past year.

Case Study Questions

1. Based on the U.S. Preventive Services Task Force (USPSTF) recommendation statement, which one of the following is an appropriate screening test for this patient?

- ☐ A. Screen only for chlamydia because it is more common in women than in men.
- ☐ B. Screen only for gonorrhea because it can lead to pelvic inflammatory disease and its associated reproductive complications.
- ☐ C. Do not screen for either chlamydia or gonorrhea because the patient is in a monogamous relationship and has no risk factors.
- ☐ D. Screen for both chlamydia and gonorrhea because these infections often do not cause symptoms but are common in young adults.
- ☐ E. Screen for both chlamydia and gonorrhea only if the patient is symptomatic.

2. Which of the following risk factors should prompt a physician to consider screening a 35-year-old woman for chlamydia and gonorrhea?

- ☐ A. Inconsistent condom use with more than one partner.
- ☐ B. History of a sexually transmitted infection.
- ☐ C. History of one sex partner and is currently in a mutually monogamous relationship.
- ☐ D. A new sex partner.

3. R.G. asks whether her 21-year-old boyfriend should also be screened for chlamydia and gonorrhea. Based on the USPSTF recommendation, how should you counsel R.G.?

- ☐ A. Recommend screening for both chlamydia and gonorrhea because the USPSTF recommends screening all sexually active men 24 years or younger.
- ☐ B. Recommend screening for only gonorrhea because it is more common in men than in women.
- ☐ C. The evidence is insufficient to balance the benefits and harms of screening for chlamydia and gonorrhea in sexually active men.
- ☐ D. Do not recommend screening if he does not have symptoms.
- ☐ E. Do not recommend screening because the USPSTF recommends against screening sexually active men with no risk factors.

Answers appear on the following page.

See related USPSTF Clinical Summary in the online version of this issue.

This PPIP quiz is based on the recommendations of the USPSTF. More information is available in the USPSTF Recommendation Statement and supporting documents on the USPSTF website (<https://www.uspreventiveservicestaskforce.org>). The practice recommendations in this activity are available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>.

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CME This clinical content conforms to AAFP criteria for CME. See CME Quiz on page 18.

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Answers

1. The correct answer is D. The USPSTF recommends screening for chlamydia and gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.¹ Chlamydia and gonorrhea often do not cause symptoms, but infections can lead to pelvic inflammatory disease and its associated complications. Chlamydia and gonorrhea rates among women are highest in those 15 to 24 years of age.²

2. The correct answers are A, B, and D. Physicians should consider screening women 25 years or older for chlamydia and gonorrhea if the women have any of the following risk factors: a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection; practice inconsistent condom use when not in a mutually monogamous relationship; or have a previous or coexisting sexually transmitted infection. Exchanging sex for money or drugs

and a history of incarceration are also associated with increased risk of infection.

3. The correct answer is C. The USPSTF found insufficient evidence to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. Evidence is lacking that screening men reduces infection complications and transmission or acquisition of either disease or HIV.

The views expressed in this work are those of the authors and do not reflect the official policy or position of Johns Hopkins University, the Bloomberg School of Public Health, or the U.S. government.

References

1. Davidson KW, Barry MJ, Mangione CM, et al. Screening for chlamydia and gonorrhea: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;326(10):949-956.
2. Cantor A, Dana T, Griffin JC, et al. Screening for chlamydial and gonococcal infections: updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*. 2021;326(10):957-966. ■

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