

# U.S. Preventive Services Task Force

## Screening for Chlamydia and Gonorrhea

### Screening for Chlamydia and Gonorrhea: Clinical Summary of the USPSTF Recommendation

#### What does the USPSTF recommend?

#### For sexually active women, including pregnant persons:

**Screen** for chlamydia if they are

- 24 years or younger
- 25 years or older and at increased risk for infection

**Grade: B**

**Screen** for gonorrhea if they are

- 24 years or younger
- 25 years or older and at increased risk for infection

**Grade: B**

See below how to implement this recommendation.

#### For sexually active men:

The USPSTF found that the evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. More research is needed.

**I statement**

#### To whom does the recommendation apply?

Sexually active adolescents and adults, including pregnant persons, without signs and symptoms of chlamydia or gonorrhea infection.

#### What's new?

This recommendation is consistent with the 2014 USPSTF recommendation.

*continues*

**Note:** The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

NAAT = nucleic acid amplification test; STI = sexually transmitted infection; USPSTF = U.S. Preventive Services Task Force.

See related Putting Prevention into Practice in the online version of this issue.

As published by the USPSTF.

This series is coordinated by Kenny Lin, MD, MPH, deputy editor.

A collection of USPSTF recommendation statements published in *AFP* is available at <https://www.aafp.org/afp/uspstf>.

The full recommendation statement is available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>.

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

## Screening for Chlamydia and Gonorrhea: Clinical Summary of the USPSTF Recommendation *(continued)*

### How to implement this recommendation?

#### 1. Assess risk:

- Women aged 15 to 24 years have the highest infection rates.
- Women 25 years or older are at increased risk if they have
  - A previous or coexisting STI
  - A new or more than 1 sex partner
  - A sex partner having sex with other partners at the same time
  - A sex partner with an STI
  - Inconsistent condom use when not in a mutually monogamous relationship
  - A history of exchanging sex for money or drugs
  - A history of incarceration

Clinicians should consider the communities they serve and may want to consult local public health authorities for information about local epidemiology and guidance on determining who is at increased risk.

#### 2. Screen for chlamydia and gonorrhea in sexually active women:

- 24 years or younger
- 25 years or older and at increased risk for infection

Screen for chlamydia and gonorrhea using a NAAT. NAATs can test for infection at urogenital and extragenital sites, including urine, endocervical, vaginal, male urethral, rectal, and pharyngeal. Both chlamydia and gonorrhea can be tested for at the same time with the same specimen.

### What are other relevant USPSTF recommendations?

The USPSTF has issued recommendations on screening for other STIs, including hepatitis B, hepatitis C, genital herpes, HIV, and syphilis. The USPSTF has also issued recommendations on behavioral counseling for all sexually active adolescents and for adults at increased risk for STIs. These recommendations are available at <https://www.uspreventiveservicestaskforce.org>.

### Where to read the full recommendation statement?

Visit the USPSTF website or the JAMA Network website (<https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force>) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

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