



2022 Oregon STI Screening Recommendations

In addition to the following screening recommendations, anyone who requests screening for HIV, STI, or hepatitis should receive screening

*For additional resources or Oregon AETC training requests, visit oraetc.org.
Screening recommendations provided by OHA's HIV/STD/TB Section.*

Updated March 2023

Table of Contents

Non-pregnant people with a cervix and/or vagina.....	1
Pregnant people.....	3
People with a penis who only have partners with a cervix (MSW).....	5
People with a penis who either exclusively have partners with a penis or have partners with a penis and partners with a cervix (MSM/MSMW).....	6
People with HIV.....	7
Transgender and gender expansive people.....	9
Individual-level indications for more intensive screening.....	10
Provider resources.....	11

Booklet Printing Instructions

For optimal readability, print this PDF as a 5.5 in x 8.5 in booklet:

- Open PDF in Acrobat Reader
- Go to File → Print
- Choose the Booklet tab from Page Sizing and Handling
- Print 2-sided

Non-pregnant people with a cervix and/or vagina

Chlamydia and Gonorrhea	<ul style="list-style-type: none">• At least annually for sexually active* individuals <25 years old• At least annually for sexually active individuals ≥25 years old if indications for more intensive screening¹• Rescreen 3 months after treatment• Rectal and pharyngeal testing can be considered through shared clinical decision-making
Trichomonas	Annual screening for those seeking care in high-prevalence settings (i.e., correctional facilities, STI/sexual health clinics, substance use disorder treatment facilities) and for those at increased risk for trichomoniasis ²
Syphilis	<ul style="list-style-type: none">• At least once for sexually active individuals under 45 if not tested since January 2021 and at least every 12 months if indications for more intensive screening²• At the time of each chlamydia/gonorrhea test and each HIV test• If booked at a detention/correctional facility, screen at intake or as close to intake as possible• If attending substance use disorder treatment facilities and programs, screen upon admission or intake
HIV	<ul style="list-style-type: none">• All people 15-65 years old (opt-out) at least once and more frequently if indications for more intensive screening²• All people who seek evaluation and treatment for STIs

*Sexually active is defined as oral, vaginal, or anal sex in the prior year or since last test

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

Pregnant people

Chlamydia and Gonorrhea

- All pregnant individuals <25 years old
- Pregnant individuals ≥25 years old if indications for more intensive screening¹
- Perform test of cure 4 weeks after treatment in pregnancy
- Rescreen 3 months after treatment
- Rescreen in the 3rd trimester if <25 years old or if indications for more intensive screening¹

Trichomonas

The benefit of routine screening for trichomonas in asymptomatic pregnant women has not been established; however, providers may consider screening pregnant people seeking care in high prevalence settings (i.e., corrections, STI/sexual health clinics, substance use disorder treatment facilities) and those at increased risk for trichomoniasis²

¹Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

Pregnant people (cont.)

<p>Syphilis</p>	<ul style="list-style-type: none"> • Three screenings recommended for all pregnant people: <ol style="list-style-type: none"> 1. At confirmation of pregnancy or the first prenatal encounter (ideally during the first trimester) 2. In the early third trimester, ideally between 24-28 weeks' gestation 3. At delivery with results documented prior to hospital discharge • In the event of a fetal demise after 20 weeks' gestation • If no or unknown prenatal care: <ul style="list-style-type: none"> • Emergency Department (ED): screen prior to discharge if no prior screening documentation in pregnancy is available • Detention/correctional facilities: screen at or as close to intake as possible • Substance use disorder treatment facilities and programs: screen upon admission or intake
<p>HIV</p>	<ul style="list-style-type: none"> • All pregnant individuals should be screened at first prenatal visit (opt-out) • Retest in the 3rd trimester if indications for more intensive screening² • Rapid testing should be performed at delivery if not previously screened during pregnancy
<p>Hepatitis C</p>	<p>All pregnant individuals during each pregnancy</p>
<p>Hepatitis B[^]</p>	<p>All pregnant individuals during each pregnancy</p>
<p>Cervical Cancer/HPV</p>	<p>Screening for people with a cervix should follow current screening guidelines for cervical cancer</p>

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

People with a penis who only have partners with a cervix (MSW)

Chlamydia and Gonorrhea	At least annually for sexually active individuals with indications for more intensive screening ¹ or in high prevalence settings (e.g., adolescent clinics, correctional facilities, STI/sexual health clinics)
Syphilis	At least once for sexually active individuals under 45 if not tested since January 2021 and at least annually if indications for more intensive screening ²
HIV	<ul style="list-style-type: none">• All people aged 15-65 years old (opt-out) at least once and more frequently if indications for more intensive screening²• All people who seek evaluation and treatment for STIs
Hepatitis C	All adults ≥18 years old
Hepatitis B [^]	All adults ≥18 years old

[^]Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

Abbreviations:

MSW: Men who have sex with women

People with a penis who either exclusively have partners with a penis or have partners with a penis and partners with a cervix (MSM/MSMW)

Chlamydia and Gonorrhea	<ul style="list-style-type: none"> • At least annually • Every 3-6 months if at increased risk² • Test at sites of contact, regardless of condom use <ul style="list-style-type: none"> • Rectal • Pharyngeal • Urogenital
Syphilis	<ul style="list-style-type: none"> • At least annually for sexually active individuals • Every 3-6 months if indications for more intensive screening²
HIV	<ul style="list-style-type: none"> • At least annually if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since most recent HIV test • Consider offering more frequent HIV screening (e.g., every 3–6 months) if indications for more intensive screening²
Hepatitis C	All adults ≥18 years old
Hepatitis B [^]	All individuals regardless of age

[^]Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

Abbreviations:

MSM: Men who have sex with men

MSMW: Men who have sex with men and women

People with HIV

Chlamydia and Gonorrhea	<ul style="list-style-type: none">• For sexually active individuals, screen at initial evaluation and at least annually thereafter• Every 3-6 months if indications for more intensive screening¹• Screen at the pharyngeal and rectal sites based on reported sexual behaviors and exposure
Trichomonas	<ul style="list-style-type: none">• People with cervix and/or vagina: Annual screening for trichomonas
Syphilis	<ul style="list-style-type: none">• Initial evaluation and at least annually thereafter• Every 3-6 months if indications for more intensive screening²
Hepatitis C	<ul style="list-style-type: none">• Serologic testing at initial evaluation• Annual HCV testing in MSM and people who inject drugs
Hepatitis B [^]	<ul style="list-style-type: none">• Serologic testing at initial evaluation

[^]Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

^{1,2} See *Individual-level indications for more intensive screening* section on page 10

Abbreviations:

MSM: Men who have sex with men

People with HIV (cont.)

Cervical Cancer/ HPV

- For people 21-29 years of age with a cervix:
 - Pap test at initial evaluation and every 12 months
 - If three consecutive Pap tests are normal, Pap test every 3 years
- For people ≥ 30 years of age with a cervix:
 - Pap and HPV co-testing at initial evaluation
 - If initial Pap test and HPV co-testing is normal, Pap test and HPV co-testing every 3 years

Anal Cancer/ HPV



For patients 35 years of age and older, annual anogenital examination, including digital anorectal exam, to assess for visible and/or palpable HPV-related lesions. In settings where referral to high resolution anoscopy is available, anal pap test at initial evaluation and yearly thereafter if first anal pap test is normal. For further guidance on the interpretation and management of abnormal anal cytology, see www.hivguidelines.org/hiv-care/anal-cancer/ or scan the QR code.

Transgender and gender expansive people

Chlamydia and Gonorrhea	<ul style="list-style-type: none"> • Screening recommendations should be adopted based on anatomy • Consider screening at the pharyngeal and rectal sites based on reported sexual behaviors and exposure
Syphilis	<ul style="list-style-type: none"> • At least annually • Every 3-6 months if indications for more intensive screening²
HIV	<ul style="list-style-type: none"> • At least annually if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since most recent HIV test • Consider offering more frequent HIV screening (e.g., every 3–6 months) if indications for more intensive screening²
Hepatitis C	All adults ≥18 years old
Hepatitis B [^]	All individuals regardless of age
Cervical Cancer/ HPV	Screening for people with a cervix should follow current screening guidelines for cervical cancer

[^]Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

^{1,2} See *Individual-level indications for more intensive screening* section on page 7

Abbreviations:

MSW: Men who have sex with women

MSM: Men who have sex with men

MSMW: Men who have sex with men and women

PrEP: Pre-Exposure Prophylaxis

Individual-level indications for more intensive screening

¹ Indications for more frequent chlamydia/gonorrhea screening

- New sex partner(s)
- Multiple sex partners (≥ 2 sexual partners in past 12 months)
- Sex partner(s) who have other concurrent partners
- Inconsistent condom use when not in a mutually monogamous relationship
- Sex partner(s) with an STI
- History of gonorrhea or chlamydia at any anatomic site
- Having sex in exchange for resources, such as money or drugs
- History of incarceration
- Taking PrEP

² Indications for more frequent HIV, syphilis, and trichomonas screening. Oregon is a state with a high prevalence of syphilis and a high rate of congenital syphilis. Use a low threshold for screening.

- Multiple sex partners (≥ 2 sexual partners in past 12 months)
- Sex partner(s) who have other concurrent partners
- Sex partner(s) who are MSM/MSMW
- Having sex in exchange for resources, such as money or drugs
- Houselessness or unstable housing
- Methamphetamine use or a sex partner who uses methamphetamine
- Injection drug use or a sex partner who uses injection drugs
- Involvement in the criminal justice system (e.g., incarceration and/or community supervision) in the prior 2 years or a sex partner involved in the criminal justice system
- History of syphilis, chlamydia, or gonorrhea in the prior 2 years
- History of hepatitis C infection
- Taking PrEP
- HIV-negative people not on PrEP who have receptive, condomless anal sex with a person either living with HIV and not known to be undetectable or of unknown HIV status

Resources

NATIONAL RESOURCES

- **CDC STD Screening Recommendations**
[cdc.gov/std/treatment-guidelines/screening-recommendations.htm](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm)
- **National STD Curriculum**
std.uw.edu
Free online STD education modules from the University of Washington with CNE/CME
- **National Network of STD Clinical Prevention Training Centers Clinical Consultation Service**
stdccn.org
Online clinical consultation service for licensed healthcare professionals and STD program staff
- **UCSF National Clinical Consultation Center (NCCC)**
nccc.ucsf.edu
HIV, HCV, PrEP, and PEP clinical consultation with select lines available 24 hrs/day

TRAINING REQUESTS

- **Oregon AIDS Education and Training Center (AETC)**
oraetc.org
Customized online and in-person trainings offered at no cost to Oregon and SW Washington care teams

OREGON RESOURCES

- **Oregon Health Authority (OHA) Provider Resources**
healthoregon.org/std
STD fact sheets, state reporting guidance, expedited partner therapy (EPT) protocol, and additional resources
- **Clinician-to-Clinician Education and Support**
oraetc.org/prescriber-support
Individualized HIV, STI, and PrEP education and support for Oregon prescribers
- **Oregon PrEP Provider List**
oraetc.org/prep-provider-list
Statewide directory of providers that prescribe HIV Pre-Exposure Prophylaxis (PrEP)

PATIENT RESOURCES

- **Take Me Home**
takemehome.org
Home-based HIV/STI screening offered to Oregon residents at no cost
- **State of Oregon Condom Delivery Program**
onecondoms.com/pages/oregon
Condoms and lube delivered to Oregon residents at no cost

