

Screening for STDs in Women (reviewed 3/8/06)

Chlamydia

- In 2001 in their most recent statement on screening for Chlamydia, the United States Preventive Services Task Force (USPSTF) strongly recommends screening for Chlamydia in all sexually active women 25 years and younger, and other asymptomatic women at increased risk for infection.
- Besides age, other patient characteristics associated with a higher prevalence of infection include being unmarried, African-American race, having a prior history of sexually transmitted disease (STD), having new or multiple sexual partners, having cervical ectopy, and using barrier contraceptives inconsistently.
- According to the USPSTF: “The optimal interval for screening is uncertain. For women with a previous negative screening test, the interval for re-screening should take into account changes in sexual partners. If there is evidence that a woman is at low risk for infection (e.g., in a mutually monogamous relationship with a previous history of negative screening tests for chlamydial infection), it may not be necessary to screen frequently...”
- In 2002, the CDC offered guidelines that recommended rescreening women 3-4 months after treatment for a chlamydial infection.

Gonorrhea

- The USPSTF recommends routine screening for gonorrhea in high-risk women.
- As with chlamydia, there is no optimal interval defined for screening.

References:

USPSTF on Chlamydia screening → <http://www.ahrq.gov/clinic/uspstf/uspshlm.htm>

USPSTF on Gonorrhea screening → <http://www.ahrq.gov/clinic/uspstf/uspsgono.htm>

CDC guideline on STD treatment → <http://www.cdc.gov/std/treatment/>