

STD Prevention and Control Services, San Francisco Department of Public Health

Screening and Diagnostic Testing Guidelines in Community Settings

These evidence-based recommendations should be used in programmatic and clinical decision making regarding diagnostic testing and screening for chlamydia, gonorrhea, and syphilis.

Acceptable Reasons for Diagnostic Testing

- **Signs or symptoms of an STD** (Cervicitis/Urethritis, Discharge, Dysuria, Chancre, Rash)
- **Sexual contact** to an STD
- **Prior infection-** *Patients testing positive for chlamydia and gonorrhea should be re-tested three months after treatment to assess for re-infection. For patients diagnosed with syphilis, repeat serologic testing should be done 1, 3, 6, 9 and 12 months after diagnosis*

Screening Guidelines

Testing persons without symptoms and without a need for diagnostic testing.

Women

	Chlamydia	Gonorrhea	Syphilis
25 years and younger	Test every 12 months	Test every 12 months	Screening Not Recommended
Older than 25 years	Screening Not Recommended		
Pregnant (any age)*	Test in 1 st trimester, repeat in 3 rd trimester if high risk	Test in 1 st trimester, repeat in 3 rd trimester if high risk	Test in 1 st trimester, repeat in 3 rd trimester if high risk
IUD Insertion	Test at insertion	Test at insertion	Screening Not Recommended

*regardless of intentions to carry to term

Men Who Have Sex With Women

	Chlamydia	Gonorrhea	Syphilis
Any age, any site	Screening Not Recommended*		

*Prior recommendations might have included heterosexual men.

Men Who Have Sex With Men & Transwomen (MTF Transgender Persons)

	Chlamydia	Gonorrhea	Syphilis
Rectal & Pharyngeal	Every 3- 6 months	Every 3- 6 months	Every 3- 6 months
Urine	Not recommended	Not recommended	Not recommended

Transmen (FTM Transgender Persons)*

	Chlamydia	Gonorrhea	Syphilis
Rectal & Pharyngeal	Every 3- 6 months	Every 3- 6 months	Every 3- 6 months
Urine/Vaginal Swab* *Must have biological vagina	Every 3- 6 months	Every 3- 6 months	Every 3- 6 months