

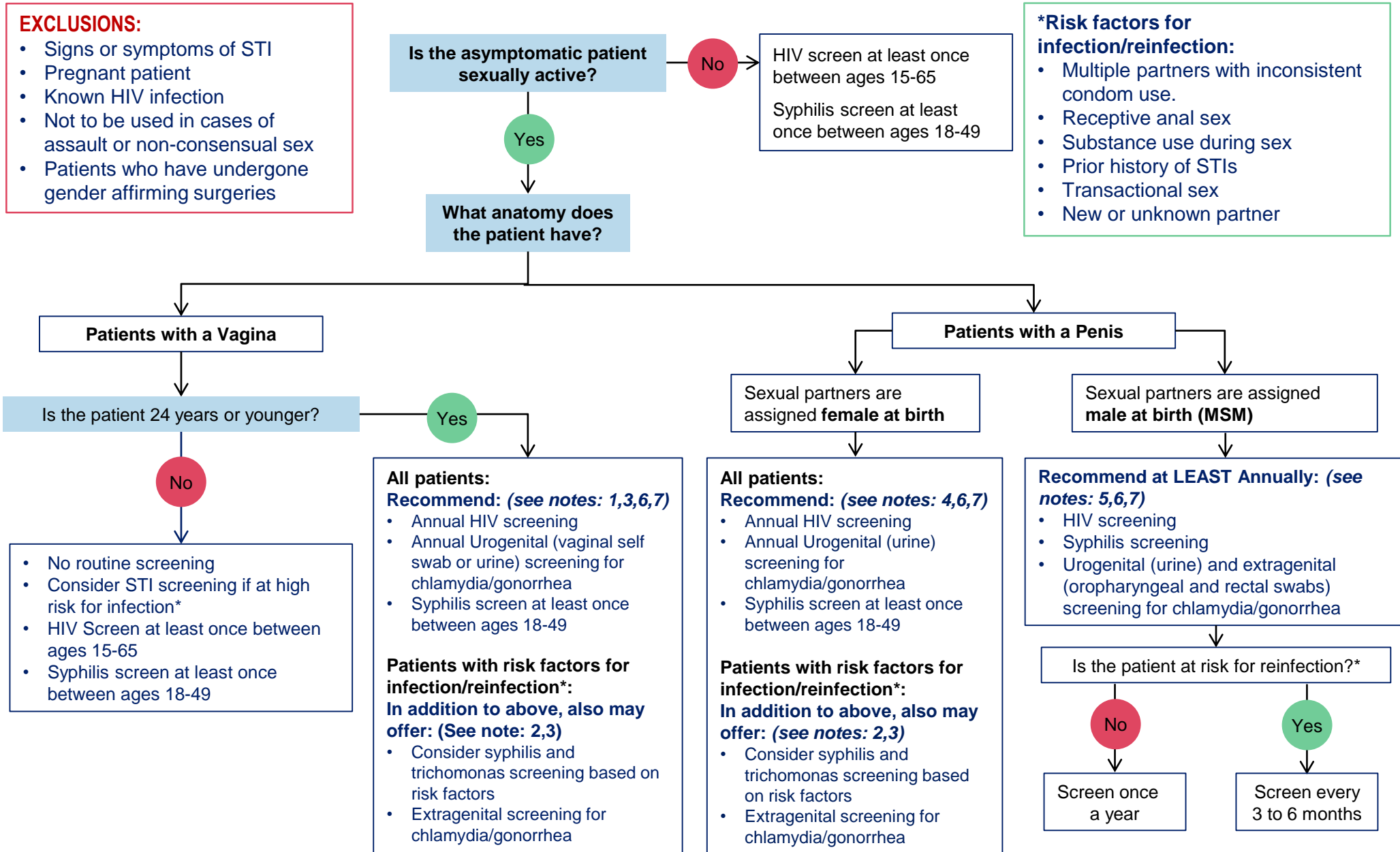
Aim: To standardize the approach to screening for sexually transmitted infections for asymptomatic patients at Children's Minnesota.

**EXCLUSIONS:**

- Signs or symptoms of STI
- Pregnant patient
- Known HIV infection
- Not to be used in cases of assault or non-consensual sex
- Patients who have undergone gender affirming surgeries

**\*Risk factors for infection/reinfection:**

- Multiple partners with inconsistent condom use.
- Receptive anal sex
- Substance use during sex
- Prior history of STIs
- Transactional sex
- New or unknown partner



Disclaimer: This guideline is designed for general use with most patients; each clinician should use their own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.

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**NOTES:****Note 1: How to screen persons with vaginas?**

- Vaginal swab is preferred due to higher sensitivity and is more cost effective than urine testing; urine is acceptable [1]
- Patients may perform their own vaginal self-swab; evidence supports this to improve testing uptake. It has been demonstrated that patients can perform adequate specimen collection [1]

**Note 2: Risk factors associated screenings**

- Consider syphilis screening based on risk factors
- **Trichomonas is not a reportable disease- prevalence data is unavailable from MDH or CDC, consider screening based on risk factors [Trichomoniasis - STI Treatment Guidelines](#)**
- Rectal and oropharyngeal screening for chlamydia/gonorrhea if patient is engaging in oral or anal sex, based on risk factors and clinical judgement
- For more information on local prevalence, you can access through: [Sexually Transmitted Diseases \(STDs\) - MN Dept. of Health](#)

**Note 3: Age-appropriate screening for persons with vaginas**

The United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) recommend routine screening for chlamydia and gonorrhea in sexually **persons with vaginas** aged 24 years or younger and **those older that are** at increased risk for infection, but these recommendations primarily focus on urogenital screening.[1-3] The CDC suggests that extragenital screening (pharyngeal or rectal) can be considered based on reported sexual behaviors and exposure, through shared clinical decision-making between the patient and the provider.[3]

However, the evidence supporting routine extragenital screening in asymptomatic persons with vaginas is limited, and the cost-effectiveness of such screening has not been well established. Studies have shown that while extragenital infections can be missed with urogenital-only screening, the prevalence of these infections in asymptomatic **persons with vaginas** is relatively low, and the cost of additional testing may not justify the benefits.[4-5]

Therefore, current guidelines do not recommend routine extragenital screening for asymptomatic sexually active persons with vaginas and decisions should be individualized based on specific risk factors and clinical judgment.

**Note 4: Screening patients with penis and sexual partners assigned female at birth**

- National guidelines do not actually recommend routine urogenital screening of chlamydia/gonorrhea for patients with a penis. This is in part due to patients with a penis having higher rates of symptomatic infections compared to patients with a vagina and lack of evidence demonstrating that it is cost effective. [3]
- However, it is common practice in most primary care settings to offer chlamydia/gonorrhea screening as asymptomatic patients may serve as a reservoir for infection and spread of chlamydia/gonorrhea [6]
- Urethral swabs for testing are not recommended for routine screening; urine sample is preferred [7-9]

**Note 5: Why use three site testing in persons with a penis and sexual partner assigned male at birth?**

- Up to 70% of chlamydia and gonorrhea infections are missed if only urogenital testing is performed – three site testing is essential [10]
- Patients may perform rectal self-swab if preferred by patient.

**Note 6: Following-up with screening results**

- If positive results after screening has been completed, see [CDC treatment guidelines](#) and [Expedited Partner Therapy guideline](#)

**Note 7: Confidentiality and billing**

- Note that the organization may have certain confidentiality, consent, and billing policies that are applicable to this situation. Please refer to those.

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## REFERENCES

1. [Screening for Chlamydial and Gonococcal Infections: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force.](#) Cantor A, Dana T, Griffin JC, et al. *Jama.* 2021;326(10):957-966. doi:10.1001/jama.2021.10577.
2. [Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement.](#) LeFevre ML. *Annals of Internal Medicine.* 2014;161(12):902-10. doi:10.7326/M14-1981.
3. [Sexually Transmitted Infections Treatment Guidelines, 2021.](#) Workowski KA, Bachmann LH, Chan PA, et al. *MMWR. Recommendations and Reports : Morbidity and Mortality Weekly Report. Recommendations and Reports.* 2021;70(4):1-187. doi:10.15585/mmwr.rr7004a1. Copyright License: CC0
4. [Diagnostic Tests for Detecting Chlamydia Trachomatis and Neisseria Gonorrhoeae in Rectal and Pharyngeal Specimens.](#) Adamson PC, Klausner JD. *Journal of Clinical Microbiology.* 2022;60(4):e0021121. doi:10.1128/JCM.00211-21.
5. [Extragenital Screening of Chlamydia Trachomatis and Neisseria Gonorrhoeae Among Women in the College Health Setting.](#) Huxta RA, Soniyi O, Halbritter A, Nguyen GT. *Sexually Transmitted Diseases.* 2021;48(9):643-647. doi:10.1097/OLQ.0000000000001397.
6. [Screening for Chlamydia and Gonorrhea:US Preventive Services Task Force Recommendation Statement.](#) Davidson KW. *JAMA.* 2021; 326 (10); 949-956. doi:10.1001/jama.2021.14081
7. [Nucleic-Acid Amplification Testing of Urine vs Patient Complaint Driven Evaluation.](#) Chase PB, Hansen KL, Rothers J, Biros MH, et al. *The Journal of Emergency Medicine.* 2010. 38 (5): 572-577. doi: 10.1016/j.jermed.2007.10.057
8. [Recommendations for the laboratory-based detection of Chlamydia trachomatis and Neisseria gonorrhoeae-2014.](#) Papp JR, Schachter J, Gaydos CA, Van der Pol B. *Morbidity and Mortality Weekly Report.* 2014; 63 (RR02); 1-19.
9. [Is the urethral smear necessary in asymptomatic men attending a genitourinary medicine clinic?](#) Shahmanesh M, Radcliffe KW. 2007; 83(2): 79-81. doi: 10.1136/sti.2006.024653
10. [Extragenital gonorrhea and chlamydia testing and infection among men who have sex with men-STD Surveillance Network, United States, 2010-2012.](#) Patton ME, Kidd S, Llata E, Strenger M, et al, *Clinical Infectious Diseases.* 2014; 58-1564-1570. doi: 10.1093/cid/ciu184

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