

2022 Oregon STI Screening Recommendations

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

Non-pregnant people with a cervix and/or vagina		Pregnant people	
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 	<ul style="list-style-type: none"> 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	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	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 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 	<ul style="list-style-type: none"> Three screenings recommended for all pregnant people: <ol style="list-style-type: none"> At confirmation of pregnancy or the first prenatal encounter (ideally during the first trimester) In the early third trimester, ideally between 24-28 weeks' gestation 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 	
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 	<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 	
Hepatitis C	All adults ≥18 years old	All pregnant individuals during each pregnancy	
Hepatitis B [^]	All adults ≥18 years old	All pregnant individuals during each pregnancy	
Cervical Cancer/HPV	Screening for people with a cervix should follow current screening guidelines for cervical cancer	Screening for people with a cervix should follow current screening guidelines for cervical cancer	

People with a penis who only have partners with a cervix (MSW)		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	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)	<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	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	<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"> 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 	<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	All adults ≥18 years old	
Hepatitis B [^]	All adults ≥18 years old	All individuals regardless of age	

Transgender and gender expansive people		People with HIV	
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 	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
Syphilis	<ul style="list-style-type: none"> At least annually Every 3-6 months if indications for more intensive screening² 	Trichomonas	<ul style="list-style-type: none"> People with cervix and/or vagina: Annual screening for trichomonas
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 	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	All adults ≥18 years old	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 [^]	All individuals regardless of age	Hepatitis B [^]	<ul style="list-style-type: none"> Serologic testing at initial evaluation
Cervical Cancer/HPV	Screening for people with a cervix should follow current screening guidelines for cervical cancer	Cervical Cancer/HPV	<ul style="list-style-type: none"> For people 21-29 years of age with a cervix: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.

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

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

[^]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 in box on left

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



For additional resources or Oregon AETC clinical training requests, visit oraetc.org. Screening recommendations provided by OHA's HIV/STD/TB Section. Updated March 2023.

