

# 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		Pregnant people
Chlamydia and Gonorrhea	<ul style="list-style-type: none"><li>At least annually for sexually active* individuals &lt;25 years old</li><li>At least annually for sexually active individuals ≥25 years old if indications for more intensive screening<sup>1</sup></li><li>Rescreen 3 months after treatment</li><li>Rectal and pharyngeal testing can be considered through shared clinical decision-making</li></ul>	<ul style="list-style-type: none"><li>All pregnant individuals &lt;25 years old</li><li>Pregnant individuals ≥25 years old if indications for more intensive screening</li><li>Rescreen 3 months after treatment</li><li>Rescreen in the 3rd trimester if &lt;25 years old or if indications for more intensive screening<sup>1</sup></li><li>Perform test of cure 4 weeks after treatment in pregnancy</li></ul>
Syphilis	<ul style="list-style-type: none"><li>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 screening<sup>2</sup></li><li>At the time of each chlamydia/gonorrhea test and each HIV test</li><li>If booked at a detention/correctional facility, screen at intake or as close to intake as possible</li><li>If attending substance use disorder treatment facilities and programs, screen upon admission or intake</li></ul>	<ul style="list-style-type: none"><li>Three screenings recommended for all pregnant people:<ol style="list-style-type: none"><li>At confirmation of pregnancy or the first prenatal encounter (ideally during the first trimester)</li><li>In the early third trimester, ideally between 24-28 weeks' gestation</li><li>At delivery with results documented prior to hospital discharge</li></ol></li><li>In the event of a fetal demise after 20 weeks' gestation</li><li>If no or unknown prenatal care:<ul style="list-style-type: none"><li>Emergency Department (ED): screen prior to discharge if no prior screening documentation in pregnancy is available</li><li>Detention/correctional facilities: screen at or as close to intake as possible</li><li>Substance use disorder treatment facilities and programs: screen upon admission or intake</li></ul></li></ul>
HIV	<ul style="list-style-type: none"><li>All people 15-65 years old (opt-out) at least once and more frequently if indications for more intensive screening<sup>2</sup></li><li>All people who seek evaluation and treatment for STIs</li></ul>	<ul style="list-style-type: none"><li>All pregnant individuals should be screened at first prenatal visit (opt-out)</li><li>Retest in the 3rd trimester if indications for more intensive screening<sup>2</sup></li><li>Rapid testing should be performed at delivery if not previously screened during pregnancy</li></ul>
Hepatitis C	All adults ≥18 years old	All pregnant individuals during each pregnancy
Hepatitis B <sup>^</sup>	All adults ≥18 years old	All pregnant individuals during each pregnancy
Cervical HPV	<ul style="list-style-type: none"><li>For people 21-29 years of age with a cervix: Pap test every 3 years</li><li>For people 30-65 years of age with a cervix: Pap and HPV co-testing every 5 years</li></ul>	

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 <sup>1</sup> or in high prevalence settings (e.g., adolescent clinics, correctional facilities, STI/sexual health clinics)	<ul style="list-style-type: none"><li>At least annually</li><li>Every 3-6 months if at increased risk (i.e., individuals on PrEP, individuals living with HIV, or if they or their sex partners have multiple partners)</li><li>Test at sites of contact, regardless of condom use<ul style="list-style-type: none"><li>Rectal</li><li>Pharyngeal</li><li>Urogenital</li></ul></li></ul>
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 <sup>2</sup>	<ul style="list-style-type: none"><li>At least annually for sexually active individuals</li><li>Every 3-6 months if indications for more intensive screening<sup>2</sup></li></ul>
HIV	<ul style="list-style-type: none"><li>All people aged 15-65 years old (opt-out) at least once and more frequently if indications for more intensive screening<sup>2</sup></li><li>All people who seek evaluation and treatment for STIs</li></ul>	<ul style="list-style-type: none"><li>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</li><li>Consider the benefits of offering more frequent HIV screening (e.g., every 3–6 months) if indications for more intensive screening<sup>2</sup></li></ul>
Hepatitis C	All adults ≥18 years old	All adults ≥18 years old
Hepatitis B <sup>^</sup>	All adults ≥18 years old	All adults ≥18 years old

Transgender and gender diverse people		People Living with HIV
Chlamydia and Gonorrhea	<ul style="list-style-type: none"><li>Screening recommendations should be adopted based on anatomy</li><li>Consider screening at the pharyngeal and rectal sites based on reported sexual behaviors and exposure</li></ul>	<ul style="list-style-type: none"><li>For sexually active individuals, screen at initial evaluation and at least annually thereafter</li><li>Every 3-6 months if indications for more intensive screening<sup>1</sup></li><li>Consider screening at the pharyngeal and rectal sites based on reported sexual behaviors and exposure</li></ul>
Syphilis	<ul style="list-style-type: none"><li>At least annually</li><li>Every 3-6 months if indications for more intensive screening<sup>2</sup></li></ul>	<ul style="list-style-type: none"><li>People with cervix: at first evaluation and annually thereafter</li></ul>
HIV	<ul style="list-style-type: none"><li>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</li><li>Consider the benefits of offering more frequent HIV screening (e.g., every 3–6 months) if indications for more intensive screening<sup>2</sup></li></ul>	<ul style="list-style-type: none"><li>Initial evaluation and at least annually thereafter</li><li>Every 3-6 months if indications for more intensive screening<sup>2</sup></li></ul>
Hepatitis C	All adults ≥18 years old	<ul style="list-style-type: none"><li>Serologic testing at initial evaluation</li><li>Annual HCV testing in MSM and people who inject drugs</li></ul>
Hepatitis B <sup>^</sup>	All adults ≥18 years old	<ul style="list-style-type: none"><li>Serologic testing at initial evaluation</li></ul>
Cervical HPV	<ul style="list-style-type: none"><li>For people 21-29 years of age with a cervix: Pap test every 3 years</li><li>For people 30-65 years of age with a cervix: Pap and HPV co-testing every 5 years</li></ul>	<ul style="list-style-type: none"><li>For people 21-29 years of age with a cervix:<ul style="list-style-type: none"><li>Pap test at initial evaluation and every 12 months</li><li>If three consecutive Pap tests are normal, Pap test every 3 years</li></ul></li><li>For people ≥30 years of age with a cervix:<ul style="list-style-type: none"><li>Pap and HPV co-testing at initial evaluation</li><li>If initial Pap test and HPV co-testing is normal, Pap test and HPV co-testing every 3 years</li></ul></li></ul>
		<ul style="list-style-type: none"><li>Anal HPV</li><li>For people 35 years of age and older: Anal Pap test at initial evaluation and yearly thereafter if first Pap test is normal</li></ul>

## Individual-level indications for more intensive screening

<sup>1</sup> 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
- Sex partner(s) with an STI
- History of gonorrhea or chlamydia at any anatomic site
- Taking PrEP

<sup>2</sup> Indications for more frequent HIV and syphilis 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
- Intravenous 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 condomless anal sex with a person with a penis 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

<sup>^</sup>Screening for Hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody (IgM and IgG)

### 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](http://oraetc.org).  
Screening recommendations provided by OHA's HIV/STD/TB Section. Updated August 2022