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.

<table>
<thead>
<tr>
<th>Women</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 years and younger</td>
<td>Test every 12 months</td>
<td>Test every 12 months</td>
<td>Screening Not Recommended</td>
</tr>
<tr>
<td>Older than 25 years</td>
<td></td>
<td>Screening Not Recommended</td>
<td></td>
</tr>
<tr>
<td>Pregnant (any age)*</td>
<td>Test in 1st trimester, repeat in 3rd trimester if high risk</td>
<td>Test in 1st trimester, repeat in 3rd trimester if high risk</td>
<td>Test in 1st trimester, repeat in 3rd trimester if high risk</td>
</tr>
<tr>
<td>IUD Insertion</td>
<td>Test at insertion</td>
<td>Test at insertion</td>
<td>Screening Not Recommended</td>
</tr>
</tbody>
</table>

*regardless of intentions to carry to term

<table>
<thead>
<tr>
<th>Men Who Have Sex With Women</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any age, any site</td>
<td>Screening Not Recommended*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Prior recommendations might have included heterosexual men.

<table>
<thead>
<tr>
<th>Men Who Have Sex With Men &amp; Transwomen (MTF Transgender Persons)</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal &amp; Pharyngeal</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
</tr>
<tr>
<td>Urine</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmen (FTM Transgender Persons)*</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal &amp; Pharyngeal</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
</tr>
<tr>
<td>Urine/Vaginal Swab*</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
<td>Every 3- 6 months</td>
</tr>
</tbody>
</table>

*Must have biological vagina