WHO TO SCREEN
Sexually active women, including pregnant persons:
— 24 years or younger
— 25 years or older and at increased risk for infection

Risk factors
— Previous or coexisting STI
— New or more than 1 sex partner
— Sex partner having sex with other partners at the same time
— Sex partner with an STI
— Inconsistent condom use when not in a mutually monogamous relationship
— Exchanging sex for money or drugs
— History of incarceration
— Clinicians should consider the communities they serve and may want to consult local public health authorities about local epidemiology and guidance on who is at increased risk.

TEST TO USE
NAATs can test for infection at urogenital and extragenital sites, including urine, endocervical, vaginal, male urethral, rectal, and pharynx. Chlamydia and gonorrhea can be tested at the same time with the same specimen.

POSITIVE
Chlamydial and gonococcal infections respond to treatment with antibiotics.
See:
https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm
https://www.cdc.gov/std/treatment-guidelines/gonorrhea.htm

NEGATIVE
Evaluation complete, no infection

IMPLEMENTATION CONSIDERATIONS

1 Evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. The net benefit estimates for screening are driven by biological sex rather than gender identity.

2 Test frequency
Screen patients whose sexual history reveals new or persistent risk factors since the last negative test result.
For pregnant persons, screen at first prenatal visit and in the 3rd trimester for those who remain at high risk of infection.

3 Case reporting
Report positive case to state or local health department.

4 Partner notification
is important to reduce the chance or reinfection.