Screening is the first step to treatment
HIV, STIs, VIRAL HEPATITIS AND LTBI ROUTINE SCREENING TOOLKIT

Clinical Workflow Algorithm:
Chlamydia and Gonorrhea Screening

This document translates screening guidance and clinical considerations from the USPSTF and CDC into a decision tree format to guide implementation.

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

If screening criteria are met

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.