



**Yamhill County**  
**Health and Human Services**  
**Public Health**

To: Health Care Providers in Yamhill County

From: Yamhill County Public Health

Date: **July 13, 2022**

Regarding: *Updated OHA HIV/STD/TB Screening Recommendations*

Phone number for follow-up: **(503) 434-7483**

# ALERT

**COPY AND DISTRIBUTE TO  
Health Care Providers**



**State of Oregon**  
Health Alert Network

## Updated OHA HIV/STD/TB Screening Recommendations

The Oregon Health Authority (OHA) HIV/STD/TB (HST) program HIV, STI, and hepatitis B and C screening recommendations are adapted from the recommendations of the United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC). The OHA HST recommendations for syphilis screening differ from those of the USPSTF and CDC based on the local epidemiology of syphilis.

A provider letter and the full screening recommendations are attached to this HAN.

Summary of key changes to syphilis screening recommendations:

1. Routine universal screening
2. Screen three times in pregnancy
3. Continue to screen people from communities who experience high incidence of syphilis

Other key changes to HIV, STI, hepatitis B and C screening recommendations:

1. Anyone who requests HIV, STI, hepatitis B and C screening should receive it
2. Routine universal screening for hepatitis B

We hope that you will join us for a webinar to discuss the OHA HIV, STI, and hepatitis B and C screening recommendations on September 7, 2022 from 12:00-1:00 pm.

Zoom link: <https://us02web.zoom.us/j/85459351459?pwd=ZGVpUnhUVGVwNFJDNGVtZC8rR200UT09>

Thank you for your continued work in screening for, preventing, and managing HIV, STI, and hepatitis in Oregon. Please feel free to reach out to Dr. Tim Menza ([timothy.w.menza@dhsosha.state.or.us](mailto:timothy.w.menza@dhsosha.state.or.us)) with any questions about the new recommendations.

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**Unless otherwise noted, feel free to share this HAN Notification with:**

- Others within your organization.**
- Professionals within your health, preparedness, and response affiliations.**

**Oregon 24/7 disease reporting: 971-673-1111**



**TO:** Oregon healthcare providers

**FROM:** Tim W. Menza, MD, PhD, Medical Director

**RE:** OHA HIV, STI, and hepatitis B and C screening recommendations

The Oregon Health Authority (OHA) HIV/STD/TB (HST) program HIV, STI, and hepatitis B and C screening recommendations are adapted from the recommendations of the United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC). The OHA HST recommendations for syphilis screening differ from those of the USPSTF and CDC based on the local epidemiology of syphilis.

The rate of syphilis in Oregon increased sharply from 2020 to 2021, particularly among people assigned female at birth (Figures 1 and 2). Almost half of people assigned female at birth diagnosed with syphilis did not have a reported risk factor; thus, directed screening recommendations would miss half of syphilis cases in this group. In addition, 53% of syphilis cases were asymptomatic, requiring screening to detect.

We recommend routine, universal screening at least once for all cisgender women who:

- have sex with cisgender men
- are ≤ 45 years of age, and
- have not been screened since January 1, 2021

We recommend routine, universal screening at least once for all cisgender men who:

- have sex with cisgender women
- are ≤ 45 years of age, and
- have not been screened since January 1, 2021

As a result of the ongoing increase in syphilis among people assigned female at birth, cases of congenital syphilis continue to rise (Figure 3). Almost one-third of congenital syphilis cases from 2014-2020 could have been prevented with early third trimester screening to detect seroconversion and re-infection. We continue to recommend screening at three time points in pregnancy:

- First presentation to prenatal care
- Early third trimester, ideally between 24-28 weeks estimated gestational age
- At delivery with results documented prior to hospital discharge

While the focus of our updated syphilis screening recommendations is people assigned female at birth, cisgender men who have sex with men (MSM) continue to comprise most cases of syphilis in Oregon (56% in 2021). MSM should be screened for syphilis at least annually or more frequently if they have indications for more intensive screening as detailed in the recommendations.

**Summary of key changes to syphilis screening recommendations:**

1. Routine universal screening
2. Screen three times in pregnancy
3. Continue to screen people from communities who experience high incidence of syphilis

**Other key changes to HIV, STI, hepatitis B and C screening recommendations:**

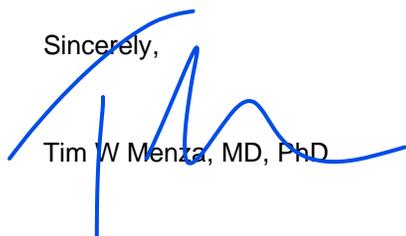
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Thank you for your continued work in screening for, preventing, and managing HIV, STI, and hepatitis in Oregon. Please feel free to reach out to Dr. Tim Menza ([timothy.w.menza@dhsosha.state.or.us](mailto:timothy.w.menza@dhsosha.state.or.us)) with any questions about the new recommendations.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tim W Menza', is written over the typed name. The signature is fluid and stylized, with a large initial 'T' and 'M'.

Tim W Menza, MD, PhD

Figure 1.

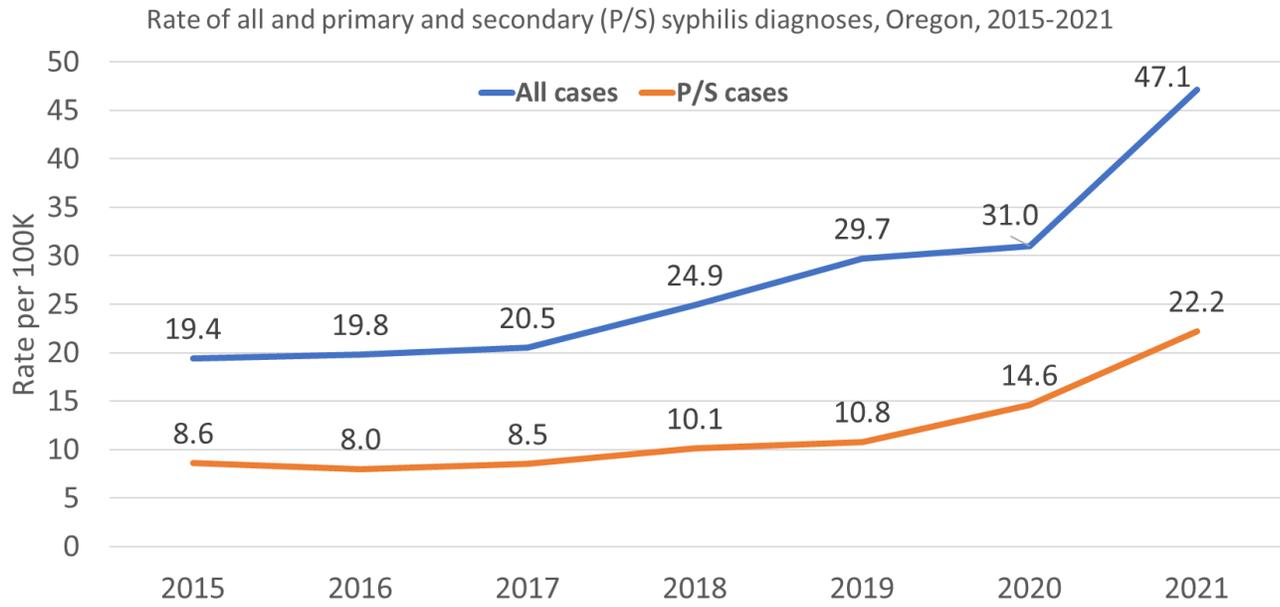


Figure 2.

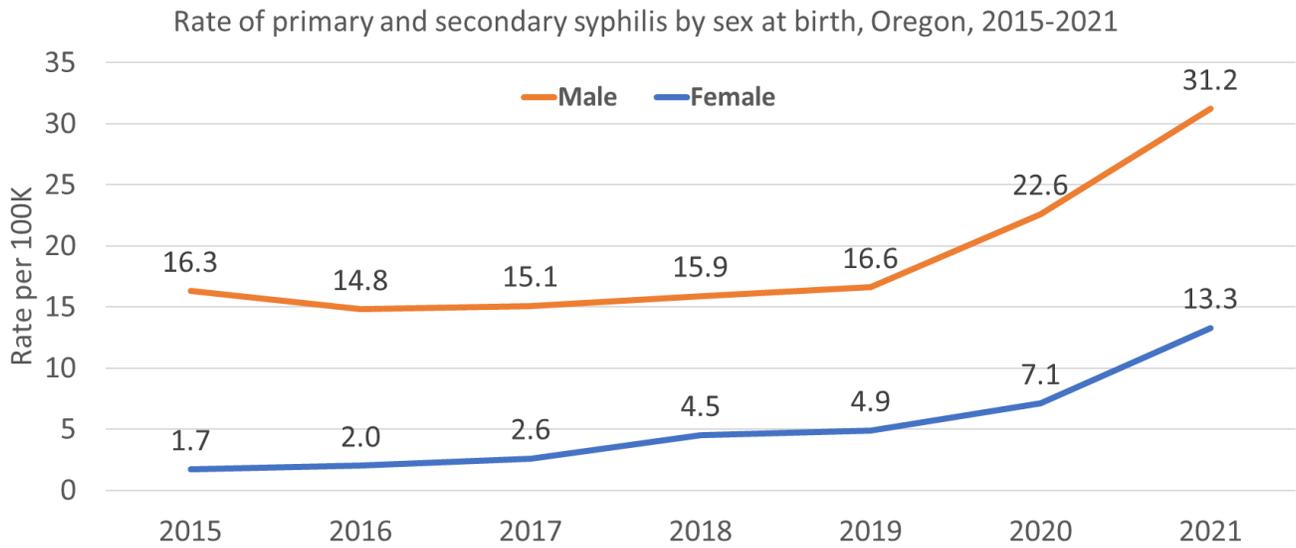
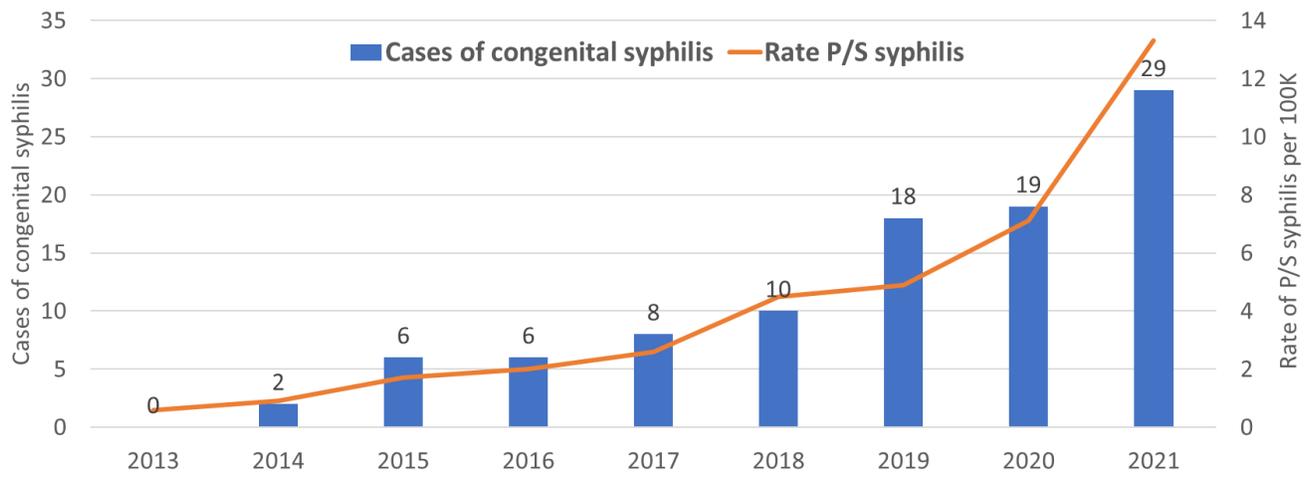


Figure 3.

Cases of congenital syphilis and rate of primary and secondary (P/S) syphilis among people assigned female at birth, Oregon, 2013-2021



# 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>
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Hepatitis C	All adults ≥18 years old	All adults ≥18 years old
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Transgender and gender diverse people		People Living with HIV														
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## 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





## 2022 Oregon STI Screening Recommendations

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

*For more information on STI screening guidelines in Oregon, visit [oraetc.org](http://oraetc.org).  
Screening recommendations provided by OHA's HIV/STD/TB Section.*

*Updated June 2022*



## Table of Contents

Non-pregnant people with a cervix.....	1
Pregnant people.....	2
People with a penis who only have partners with a cervix (MSW).....	3
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).....	4
Transgender and gender diverse people.....	5
People living with HIV.....	6
Individual-level indications for more intensive screening.....	7
Provider resources.....	8

## Non-pregnant people with a cervix

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>
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>
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>
Hepatitis C	All adults ≥18 years old
Hepatitis B <sup>^</sup>	All adults ≥18 years old
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>

\*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)

<sup>1,2</sup> See *Individual-level indications for more intensive screening* section on page 7

## Pregnant people

Chlamydia and Gonorrhea	<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>• Three screenings recommended for all pregnant people:             <ol style="list-style-type: none"> <li>1. At confirmation of pregnancy or the first prenatal encounter (ideally during the first trimester)</li> <li>2. In the early third trimester, ideally between 24-28 weeks' gestation</li> <li>3. 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 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 pregnant individuals during each pregnancy
Hepatitis B <sup>^</sup>	All pregnant individuals during each pregnancy

## People with a penis who only have partners with a cervix (MSW)

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)
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>
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>
Hepatitis C	All adults ≥18 years old
Hepatitis B	All adults ≥18 years old

<sup>1,2</sup> See *Individual-level indications for more intensive screening* section on page 7

**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	<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	<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>• 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
Hepatitis B	All adults ≥18 years old

## Transgender and gender diverse people

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>
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>
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<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)

<sup>1,2</sup> See *Individual-level indications for more intensive screening* section on page 7

## People Living with HIV

Chlamydia and Gonorrhea	<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>
Trichomonas	<ul style="list-style-type: none"> <li>• People with cervix: at first evaluation and annually thereafter</li> </ul>
Syphilis	<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	<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	<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: <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 30-65 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>
Anal HPV	For people aged 35 and older: Anal Pap test at initial evaluation and yearly thereafter if first Pap test is normal

## Individual-level indications for more intensive screening

### <sup>1</sup> Indications for more frequent chlamydia/gonorrhea screening

- New sex partner(s)
- Multiple sex partners ( $\geq 2$  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 ( $\geq 2$  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

### **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

## Resources

### NATIONAL RESOURCES

- **CDC STD Screening Recommendations**  
[cdc.gov/std/treatment-guidelines/screening-recommendations.htm](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm)
- **National STD Curriculum**  
[std.uw.edu](http://std.uw.edu)  
*Free online STD education modules from the University of Washington with CNE/CME*
- **National Network of STD Clinical Prevention Training Centers Clinical Consultation Service**  
[stdccn.org](http://stdccn.org)  
*Online clinical consultation service for licensed healthcare professionals and STD program staff*

### UCSF National Clinical Consultation Center (NCCC)

[nccc.ucsf.edu](http://nccc.ucsf.edu)

*HIV, HCV, PrEP, and PEP clinical consultation with select lines available 24 hrs/day*

### TRAINING REQUESTS

- **Oregon AIDS Education and Training Center (AETC)**  
[oraetc.org](http://oraetc.org)  
*Customized online and in-person trainings offered at no cost to Oregon and SW Washington care teams*

### OREGON RESOURCES

- **Oregon Health Authority (OHA) Provider Resources**  
[healthoregon.org/std](http://healthoregon.org/std)  
*STD fact sheets, state reporting guidance, expedited partner therapy (EPT) protocol, and additional resources*
- **Clinician-to-Clinician Education and Support**  
[oraetc.org/prescriber-support](http://oraetc.org/prescriber-support)  
*Individualized HIV, STI, and PrEP education and support for Oregon prescribers*
- **Oregon PrEP Provider List**  
[oraetc.org/prep-provider-list](http://oraetc.org/prep-provider-list)  
*Statewide directory of providers that prescribe HIV Pre-Exposure Prophylaxis (PrEP)*

### PATIENT RESOURCES

- **Take Me Home**  
[takemehome.org](http://takemehome.org)  
*Home-based HIV/STI screening offered to Oregon residents at no cost*
- **State of Oregon Condom Delivery Program**  
[onecondoms.com/pages/oregon](http://onecondoms.com/pages/oregon)  
*Condoms and lube delivered to Oregon residents at no cost*

