

# STI Testing Recommendations

Evelin Dacker MD  
VIDA Integrative Medicine

**SCREEN ALL PEOPLE BY ASSESSING RISKS FOR STIs BASED ON CURRENT ANATOMY AND SEXUAL BEHAVIORS.**

**People with Penis=PwP**

**People with Cervix= PwC**

**People with Penis who have sex with other people with penis= PSP**

**Gonorrhea/Chlamydia:** PwC yearly up until the age of 25. PwP and >25 yo PwC if increased risk\* or if symptomatic.

*I recommend that swab testing also include throat and rectum if unbarriered insertion of biological penis has occurred. Urine testing can be done for all genders and intravaginal swabs can be done for vaginal canal. GC/Chlamydia can also be an add-on to the pap smear.*

**Hepatitis B:** Screen at risk\* individuals. Vaccine is recommended.

**Hepatitis C:** Screen everyone born 1945- 1965, people with HIV and at increased risk\*.

**HSV 1 & 2:** CDC and USPSTF 2016 recommends against serological antibody testing . PCR Culture if lesion is present

*See below for further discussion about serological antibody testing.*

**HIV:** The CDC recommends that all individuals 15-65 be screened at least once in their lifetime and “more often” in individuals at higher risk\* for contracting HIV and all others at risk of coming in contact with the HIV virus should be screened AT LEAST annually.

**Syphilis:** Screen all at risk\*, new recommendations are to test all people <28 in high prevalence areas (Multnomah County, Marion County).

*I recommend annual screening for all PSP, women who have sex with PSP, and anyone participating in sex work (all participants). New recommendation for all people <28 who are sexually active in high prevalence Counties.*

**HPV:** All PwC start screening at age 21. Ages 21-29 a Pap test every 3 years. Age 30-65 Pap with HPV every 5 years or just the Pap test every 3 years. There is no screening for PwP. Some recommendations to do anal pap for people engaging in anal sex.

**HPV Vaccine:** 2 dose vaccine until the age of 15. 3 dose vaccine: PwP to age 45. PwC,PSP, PwP HIV+, and compromised immunity to age 45. Insurance may not cover after the age of 26. (FDA approved use up to age 45, but not yet universally covered by insurance.)

**\*Increase risk:** \*PSP, \*having unprotected anal or vaginal penetration with penis, \*having a partner PSP, \*multiple sexual partners, \*self/partner who is an injection or intranasal drug user,, \*those who exchange sex for drugs or money, \*HIV positive people/partner \*pregnancy \*incarceration in self/partner \*previous STI, \*condomless penetration, \*recreational drug use (particularly methamphetamine and other stimulants).

**Personal recommendations of “at risk” individuals:** every 90 days if new partners and in between relationships. At least annual screen.

**Recommended Screening Panel:** GC/Chlamydia-screen ALL sites of contact, HIV 1/2, RPR (Syphilis), and Hep B (unless immunized), Hep C if born 1945-1965, unregulated tattoos, receipt of blood transfusion before 1992. See below for my recommendations for serological screening for HSV-1 and HSV-2.

**When to check for possible STI post-exposure (known STI exposure or risk of one):**

Chlamydia: 1-6 days post exposure (need to check when not on menses due to false neg)

Gonorrhea: 2-6 days post exposure

Syphilis: 2 weeks, recheck at 3 months post exposure

HIV: 4 weeks, recheck 3 months post exposure

HSV2:4 months post exposure

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## **Blood testing for HSV-1 and HSV-2**

**Indications for Type-specific HSV blood testing:**

- Recurrent or atypical genital symptoms with negative HSV cultures
- A sex partner with genital herpes
- As part of a **comprehensive evaluation for STIs in persons with multiple sex partners**, persons with HIV infection, and PSP who are at increased risk for getting HIV

**The blood tests for HSV2 are not accurate with high false positives and negatives, but for some people, it is better than nothing.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2648390/>

<https://www.ncbi.nlm.nih.gov/books/NBK409117/>

<https://www.std.uw.edu/go/pathogen-based/hsv/core-concept/all>

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Evelin Dacker MD

EvelinDacker.com

Maketimeforthetalke.com

Vidameanslife.com

Evelinmd@gmail.com