HIV-STI Screening & Prevention

NATIONAL GUIDELINE SUMMARY

This evidence-based guideline summary was developed to assist Primary Care physicians and other health care professionals with HIV/STI screening for people aged 12 years and older.

HIV-STI SCREENING

1. Routinely obtain a thorough sexual history1 from all patients ≥ 12 years of age to assess risk behaviors and stratify for appropriate testing.
   - Risk assessment is essential to the evaluation of HIV (Human Immunodeficiency Virus) and/or other STI (Sexually Transmitted Infection) acquisition and transmission.
   - Risk behaviors include sex with multiple or new partners, sex with high-risk partners, unprotected sex, sex while intoxicated, and sex in exchange for money.
   - Higher-risk population groups for STIs in the US might include adolescents and young adults, blacks/African Americans, Hispanics, men who have sex with men (MSM), military recruits, inmates and former inmates, intravenous drug users (IVDUs) and former IVDUs, sex workers, mentally ill persons, mentally disabled persons, persons living in low-income urban areas, persons living in the southern United States, persons with a history of an STI, and pregnant women.

2. Screen and promptly treat all identified individuals ≥ 12 years of age at risk for the following STIs:2
   - Human immunodeficiency virus (HIV)
   - Neisseria gonorrhea
   - Chlamydia trachomatis
   - Syphilis
   - Hepatitis B
   - Hepatitis C
   - Trichomoniasis (for women)

NOTE: Evidence suggests the presence of other STIs, including herpes simplex (HSV), increases the risk of HIV transmission and acquisition.

3. Provide behavioral counseling and additional risk reduction interventions for all sexually active individuals ≥ 12 years of age at risk for HIV/STI acquisition.
   - Behavioral counseling is the provision of education, skills training, and guidance on how to change sexual behavior, delivered alone or in combination with other interventions, intended to promote sexual risk reduction or risk avoidance.3, 4
     - High-intensity behavioral counseling may be delivered in primary care settings or in other sectors of the health system after referral from the primary care clinician or system.5
   - Risk-reduction counseling (e.g., strategies targeting condom use, abstinence, etc.) may be available through various community organizations.
     - Strong linkages between the primary care setting and the community may greatly improve the delivery of this service.5

4. Screen all pregnant women for HIV antibody, syphilis, and hepatitis B early during each pregnancy. Screen at risk6 pregnant women for gonorrhea, chlamydia and hepatitis C. Retest before 36 weeks in women at risk for exposure to HIV and/or any other STIs during the course of pregnancy.
   - Risk factors include HIV infected partner or partner at risk for HIV, new or multiple sex partners during pregnancy, illicit drug use, exchanges sex for money or drugs, history of STI during this pregnancy or one year prior to pregnancy, signs or symptoms of acute HIV infection.7
   - Pregnancy risk for exposure may include a newly diagnosed STI during pregnancy, documented or suspected injection drug use, or partner with known HIV infection.

1. See Clinician Tool for more information on obtaining a thorough sexual history (Addendum A).
2. The USPSTF recommends against serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults (USPSTF Screening for Genital Herpes, 2010)
4. An example of a behavioral counseling tool is the “Ask, Advise, Agree, Assist, and Arrange” model developed by the CDC (Evidence-Based Methods for Evaluating Behavioral Counseling Interventions. Agency for Healthcare Research and Quality. 1 July 2009). See Addendum B for details.
6. The USPSTF (Recommendations for STI Screening, 2008) recommends that providers determine at risk individuals based on high-risk sexual behavior and age.