Cervical cancer screening guidelines

	ACOG[1] (endorses the USPSTF cervical cancer screening guidelines)	HRSA/USPSTF[2]*	ACS[3]
Women younger than 21	No screening	No screening	No screening
Women ages 21-24	• Pap alone every 3 years	• Pap alone every 3 years	No screening
Women ages 25-29	• Pap alone every 3 years	• Pap alone every 3 years	**Preferred:** • HPV Primary every 5 years **Alternates:** • Pap alone every 3 years • Cotesting every 5 years • Self-Collect HPV every 3 years
Women ages 30-65	**Preferred:** • HPV Primary every 5 years **Alternates:** • Pap alone every 3 years • Cotesting every 5 years • Self-Collect HPV every 3 years	**Preferred:** • HPV Primary (clinician or self-collected) every 5 years **Alternates:** • Pap alone every 3 years • Cotesting every 5 years	**Preferred:** • HPV Primary every 5 years **Alternates:** • Pap alone every 3 years • Cotesting every 5 years • Self-Collect HPV every 3 years
Women older than 65	Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN 2+. Recommend continuing age-based screening for ≥20 years in those patients with a history of CIN 2, CIN 3, or adenocarcinoma *in situ*. *Adequate negative prior screening results* is defined as 3 consecutive negative Paps or 2 consecutive negative co-tests within the past 10 years, with the most recent test occurring within the past 5 years.		

The above table may not be inclusive of every cervical cancer screening option in these guidelines, including Pap with Reflex to HPV scenarios. Clinicians should refer to health plan policy algorithms for coverage instructions on allowable screening and management of abnormal options and related coverage. Visit http://www.hrsa.gov/womens-guidelines for the most recent guidance from the Health Resources and Services Administration (HRSA).

The National Institutes of Health recommends people with HIV receive a Pap test yearly if age 21-29 and co-testing yearly if age 30 or older.[4]

ACS, American Cancer Society; ACOG, American College of Obstetricians and Gynecologists; CIN, cervical intraepithelial neoplasia; HPV, human papilloma virus; HRSA, Health Resources and Services Administration; Pap, Papanicolaou test, gynecologic cytology; USPSTF, US Preventive Services Task Force.

CDC screening guidelines for chlamydia, gonorrhea, trichomoniasis, *Mycoplasma genitalium* (Mgen), syphilis, and herpes simplex virus (HSV-1, HSV-2)[5,6]

	Chlamydia	Gonorrhea	Trichomoniasis	*Mycoplasma genitalium* (Mgen)	Syphilis	Herpes Simplex Virus (HSV-1, HSV-2)
Women	• Sexually active women under 25 years of age • Sexually active women aged 25 years and older if at increased risk[a] • Retest 3 months after treatment • Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider	• Sexually active women under 25 years of age • Sexually active women age 25 years and older if at increased risk[a] • Retest 3 months after treatment • Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider	• Diagnostic testing should be performed for women seeking care for vaginal discharge • Consider screening for women receiving care in high-prevalence settings (eg, STI clinics and correctional facilities) and for asymptomatic women at high risk for infection (eg, women with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration) • Women ≤35 years of age who are housed in correctional facilities should be screened for trichomoniasis. It's recommended that this screening should be conducted at intake and offered as opt-out screening	• For women with cervicitis, Mgen testing can be considered with the FDA-cleared nucleic acid amplification test (NAAT)[6] • Testing should be accompanied with resistance testing, if available[b] • Screening of asymptomatic Mgen infection among women is not recommended • Extragenital testing for Mgen is not recommended	• Screen asymptomatic women at increased risk[a]	• Consider type-specific serologic testing if presenting for an STI evaluation
Pregnant women	• All pregnant women under 25 years of age at the first prenatal visit • Pregnant women aged 25 and older at the first prenatal visit if at increased risk[a] • Retest during the third trimester for women under 25 years of age or at risk • Pregnant women with chlamydial infection should have a test-of-cure 4 weeks after treatment and be retested within 3 months	• All pregnant women under 25 years of age and those who are ≥25 years of age at increased risk for gonorrhea[a] at the first prenatal visit • Retest during the third trimester for women under 25 years of age or at risk • Pregnant women with gonorrhea should be retested within 3 months	• No specific guidelines	• No specific guidelines	• All pregnant women at first prenatal visit • Retest at 28 weeks and at delivery if at increased risk[a]	• Asymptomatic HSV-2 serologic screening is not recommended • Type-specific serologic testing may be used to identify those at risk and to guide counseling on genital herpes risk

[a]Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI); are a male younger than 29 years; practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of transactional sex; have a history of incarceration; or have a history of substance use; geography; race/ethnicity. [b]There is currently no FDA-cleared assay for Mgen resistance.

CDC screening guidelines for chlamydia, gonorrhea, trichomoniasis, *Mycoplasma genitalium* (Mgen), syphilis, and herpes simplex virus (HSV-1, HSV-2)[5,6]

	Chlamydia	Gonorrhea	Trichomoniasis	*Mycoplasma genitalium* (Mgen)	Syphilis	Herpes Simplex Virus (HSV-1, HSV-2)
Men	• There is insufficient evidence for screening among heterosexual men who are at low risk for infection; however, screening young men can be considered in high-prevalence clinical settings (adolescent clinics, correctional facilities, STI/sexual health clinic)	• There is insufficient evidence for screening among heterosexual men who are at low risk for infection	• No specific guidelines	• Men with recurrent nongonococcal urethritis (NGU) should be tested for Mgen using an FDA-cleared NAAT • If resistance testing is available, it should be performed and the results used to guide therapy[b] • Screening of asymptomatic Mgen infection among men is not recommended • Extragenital testing for Mgen is not recommended	• Screen asymptomatic adults at increased risk[a]	• Consider type-specific serologic testing if presenting for an STI evaluation
Men who have sex with men (MSM)	• At least annually for sexually active MSM at sites of contact (urethra, pharyngeal, rectum) regardless of condom use • Every 3 to 6 months if at increased risk[a]	• At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use • Every 3 to 6 months at all anatomic sites of exposure if at increased risk[c]	• No specific guidelines	• No specific guidelines	• At least annually for sexually active MSM • Every 3 to 6 months if at increased risk[a] • Screen asymptomatic adults at increased risk[a]	• Consider type-specific serologic testing if infection status is unknown with previously undiagnosed genital tract infection
Transgender and gender-diverse persons	• Screening recommendations should be adapted based on anatomy, ie, annual, routine screening for chlamydia in cisgender women <25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk • Consider screening at the rectal site based on reported sexual behaviors and exposure	• Screening recommendations should be adapted based on anatomy, ie, annual, routine screening for gonorrhea in cisgender women <25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, screen if at increased risk • Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure	• No specific guidelines	• No specific guidelines	• At least annually based on reported sexual behaviors and exposure	• No specific guidelines
Persons with HIV	• For sexually active individuals, screen at first HIV evaluation and at least annually thereafter • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology	• For sexually active individuals, screen at first HIV evaluation and at least annually thereafter • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology	• Recommended for sexually active women with HIV at entry to care and at least annually thereafter • Routine annual screening for *T. vaginalis* among asymptomatic women with HIV infection is recommended because of adverse events associated with trichomoniasis and HIV infection	• No specific guidelines	• If sexually active, screen at first HIV evaluation, and annually thereafter, or more frequently depending on individual risk behaviors and local epidemiology	• Consider type-specific serologic testing if presenting for an STI evaluation

[a]Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI); are a male younger than 29 years; practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of transactional sex; have a history of incarceration; or have a history of substance use; geography; race/ethnicity.
[b]There is currently no FDA-cleared assay for Mgen resistance.
[c]Those who have multiple anonymous partners or engage in substance abuse.

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References

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