



Screening for Chlamydial Infection: Clinical Summary of U.S. Preventive Services Task Force Recommendations

Population	Non-Pregnant Women			Pregnant Women			Men
	24 yrs and younger	25 yrs and older		24 yrs and younger	25 yrs and older		
	Includes adolescents	Not at increased risk	At increased risk	Includes adolescents	Not at increased risk	At increased risk	
Recommendation	A Screen if Sexually Active	C	A Screen if Sexually Active	B Screen	C	B Screen	No recommendation due to insufficient evidence.*

Risk Assessment	<p>Age: Women and men aged 24 years and younger are at greatest risk.</p> <p>History of: previous chlamydial infection or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work.</p> <p>Demographics: African American and Hispanic women and men have higher prevalence rates than the general population in many communities.</p>			
Screening Tests	<p>Nucleic acid amplification tests (NAATs) can identify chlamydial infection in asymptomatic women (non-pregnant and pregnant) and asymptomatic men. NAATs have high specificity and sensitivity and can be used with urine and vaginal swabs.</p>			
Screening Intervals	<p>Non-Pregnant Women</p> <p>The optimal interval for screening is not known. The CDC recommends that women at increased risk be screened at least annually.[§]</p>	<p>Pregnant Women</p> <p>For women 24 years and younger and older women at increased risk: Screen at the first prenatal visit. For patients at continuing risk, or who are newly at risk: Screen in the 3rd trimester.</p>		Not applicable.
Treatment	<p>The Centers for Disease Control and Prevention have outlined appropriate treatment. http://www.cdc.gov/STD/treatment</p> <p>Test and/or treat partners of patients treated for Chlamydial infection.</p>			

Chlamydial infection results in few sequelae in men. Therefore, the major benefit of screening men would be to reduce the likelihood that infected and untreated men would pass the infection to sexual partners. There is no evidence that screening men reduces the long-term consequences of chlamydial infection in women. Because of this lack of evidence, the USPSTF was not able to assess the balance of benefits and harms, and concluded that the evidence is insufficient to recommend for or against routinely screening men.

[§]Centers for Disease Control and Prevention, *Sexually transmitted diseases treatment guidelines, 2006*. MMWR, 2006. **55**(No. RR-11).

For a summary of the [evidence](#) systematically reviewed in making these recommendations, the full [recommendation statement](#), and [supporting documents](#) please go to <http://www.preventiveservices.ahrq.gov>.