

## Screening for Asymptomatic Bacteriuria in Adults: Clinical Summary of a U.S. Preventive Services Task Force Recommendation Statement

Population	<b>All Pregnant Women</b>	<b>Men and Nonpregnant Women</b>
Recommendation	<b>Screen with urine culture. Grade: A</b>	<b>Do not screen. Grade: D</b>

Detection and screening tests	<p>Asymptomatic bacteriuria can be reliably detected through urine culture.</p> <p>The presence of at least 10<sup>5</sup> colony-forming units per mL of urine, of a single uropathogen, and in a midstream clean-catch specimen is considered a positive test result.</p>	
Screening intervals	<p>A clean-catch urine specimen should be collected for screening culture at 12–16 weeks' gestation or at the first prenatal visit, if later.</p> <p>The optimal frequency of subsequent urine testing during pregnancy is uncertain.</p>	<b>Do not screen.</b>
Benefits of detection and early treatment	<p>The detection and treatment of asymptomatic bacteriuria with antibiotics significantly reduces the incidence of symptomatic maternal urinary tract infections and low birthweight.</p>	<p>Screening men and nonpregnant women for asymptomatic bacteriuria is ineffective in improving clinical outcomes.</p>
Harms of detection and early treatment	<p>Potential harms associated with treatment of asymptomatic bacteriuria include:</p> <ul style="list-style-type: none"> <li>• adverse effects from antibiotics</li> <li>• development of bacterial resistance</li> </ul>	
Other relevant recommendations from the USPSTF	<p>Additional USPSTF recommendations involving screening for infectious conditions during pregnancy can be found at <a href="http://www.ahrq.gov/clinic/cps3dix.htm#obstetric">www.ahrq.gov/clinic/cps3dix.htm#obstetric</a> and <a href="http://www.ahrq.gov/clinic/cps3dix.htm#infectious">www.ahrq.gov/clinic/cps3dix.htm#infectious</a>.</p>	