

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for chlamydia and gonorrhea. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from March 2, 2021 to March 29, 2021. The Task Force welcomes your comments.

Screening for Chlamydia and Gonorrhea

The Task Force issued a **draft recommendation statement** on *Screening for Chlamydia and Gonorrhea*.

The Task Force recommends screening for chlamydia and gonorrhea in sexually active women and pregnant persons, ages 24 and younger, as well as those 25 and older who are at increased risk for infection.

There is not enough evidence to determine the benefits and harms of screening men for chlamydia and gonorrhea.

This recommendation applies to all sexually active adolescents and adults, including pregnant people, who do not have signs or symptoms of chlamydia or gonorrhea (such as abnormal discharge from the vagina or penis, or a burning sensation when urinating).

What are chlamydia and gonorrhea?

Chlamydia and gonorrhea are sexually transmitted infections (STIs) passed from one person to another through unprotected sexual contact.

Facts About Chlamydia and Gonorrhea

Chlamydia and gonorrhea are among the most common STIs in the United States.

People with these infections often do not know they have it, because they do not have symptoms. As a result, people may not seek care or treatment. Untreated infections can cause serious health complications. In women this includes pelvic inflammatory disease (a bacterial infection in the uterus, fallopian tubes, ovaries, or pelvis), which can lead to an abnormal pregnancy in which the fertilized egg attaches somewhere other than the uterus (ectopic pregnancy); infertility; or chronic pelvic pain.

Infection in men may lead to inflammation of the urethra (a tube in the penis that carries both urine and sperm) and epididymis (a tube at the back of the testicle that carries sperm). However, men are less likely to experience serious complications from infection than women.

In both men and women, infection can increase the risk of getting or transmitting HIV.

Age is one of the most important risk factors for chlamydia and gonorrhea, with the highest rates of infection among adolescents and young adults. Additional factors that increase a person's risk for developing chlamydia and gonorrhea include not using condoms consistently when not in a mutually monogamous relationship, having new or multiple sex partners, or having a previous or existing STI.

Facts About Screening for Chlamydia and Gonorrhea

Since chlamydia and gonorrhea often do not cause symptoms, screening is important to prevent serious health complications. Healthcare providers and patients should talk about a patient's sexual activity and risk factors and decide together if screening is best for him or her.

Screening involves testing a urine sample or a sample of fluid from the vagina or penis for evidence of infection. The Task Force found that screening tests can accurately identify chlamydia and gonorrhea.

If someone tests positive for chlamydia and gonorrhea, antibiotics are available to treat the infection.

Potential Benefits and Harms of Screening for Chlamydia and Gonorrhea

For women, screening and treatment can reduce the risk of pelvic inflammatory disease, which can lead to complications such as chronic pelvic pain, ectopic pregnancy, or infertility.

The harms of screening and treatment are small. Harms include false positive (when a test shows you have the infection when you do not), or false negative results (when a test shows you do not have the infection when you do), and anxiety associated with being tested for a sexually transmitted infection.

Based on the evidence, the Task Force determined screening for chlamydia and gonorrhea is beneficial for sexually active women and pregnant persons, who are:

- age 24 years and younger
- age 25 years and older and at increased risk for infection

More research is needed on the benefits and harms of screening for chlamydia and gonorrhea in men.

Anyone who is concerned about STIs or their overall sexual health should talk with their healthcare provider.

The Draft Recommendation on Screening for Chlamydia and Gonorrhea: What Does It Mean?

Here is the Task Force's draft recommendation on screening for chlamydia and gonorrhea. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends screening because it has more benefits than harms. An **I Statement** means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1 The USPSTF recommends [screening](#) for chlamydia in all [sexually active](#) women age 24 years and younger and in women age 25 years and older who are at [increased risk](#) for infection. **(B Grade)**
- 2 The USPSTF recommends screening for gonorrhea in all sexually active women age 24 years and younger and in women age 25 years and older who are at increased risk for infection. **(B Grade)**
- 3 The USPSTF concludes that the [current evidence is insufficient](#) to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. **(I Statement)**

Notes

- 1 [screening](#)
Testing urine sample or a sample of fluid from the vagina or penis for signs of infection.
- [sexually active](#)
Engaging in any kind of sexual activity, including oral, vaginal, and anal sex.
- [at increased risk](#)
Having a greater chance of getting an STI because of factors such as not using a condom, having more than one sex partner, or having a previous or existing STI.
- 3 [current evidence is insufficient](#)
The Task Force did not find enough information to make a recommendation for or against screening.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Screening for Chlamydia and Gonorrhea

- Get Tested for Chlamydia and Gonorrhea**
(MyHealthfinder)
- Chlamydia**
(Centers for Disease Control and Prevention)
- Gonorrhea**
(Centers for Disease Control and Prevention)
- Chlamydia Infections**
(MedlinePlus)
- Gonorrhea**
(MedlinePlus)

Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between March 2, 2021 and March 29, 2021.



All comments will be considered for use in writing final recommendations.