

## Task Force Issues Final Recommendation Statement on Screening for Chlamydia and Gonorrhea

*Screen all sexually active women age 24 and younger, age 25 and older at increased risk*

WASHINGTON, D.C. – September 14, 2021 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for chlamydia and gonorrhea. The Task Force recommends screening all sexually active women and pregnant people age 24 years and younger for chlamydia and gonorrhea. Screening is also recommended for women and pregnant people age 25 years and older who are at increased risk for infection. **These are B recommendations.** The Task Force concludes that there is not enough evidence to recommend for or against screening for these infections in men. **This is an I statement.**

### Grades in this recommendation:

**B:** Recommended.

**I:** The balance of benefits and harms cannot be determined.

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This final recommendation applies to sexually active adolescents and adults, including pregnant people, who do not have signs or symptoms of chlamydia or gonorrhea.

Chlamydia and gonorrhea are sexually transmitted infections (STIs) passed from one person to another through unprotected sexual contact. These infections often do not cause symptoms and, if left untreated, can lead to serious complications, including pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain. Screening can help identify chlamydia and gonorrhea in people without symptoms so they can receive appropriate care.

“Chlamydia and gonorrhea are two of the most common sexually transmitted infections in the United States and can cause serious health problems if not treated,” says Task Force member Martha Kubik, Ph.D., R.N. “Screening all sexually active women age 24 and younger, and those who are older and at increased risk, identifies infections so people can get the care they need to stay healthy.”

Age is one of the most important risk factors for these infections, with the highest rates of infection among adolescents and young adults. Other risk factors include new or multiple sex partners, not using condoms consistently when not in a mutually monogamous relationship, or having a previous or existing STI.

“While the evidence is clear for young women and older women at increased risk, there is not enough evidence to determine whether or not screening men reduces their risk of complications or spreading infections to others,” says Task Force vice chair Michael Barry, M.D. “We need more research to understand the benefits and harms of screening men for chlamydia and gonorrhea.”

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

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from March 2, 2021, to March 29, 2021.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Kubik is a professor in the School of Nursing in the College of Health and Human Services at George Mason University. She is a nurse scientist, active researcher, and past standing member on the National Institutes of Health's Community-Level Health Promotion Study Section. Dr. Kubik is also an advanced practice nurse and fellow of the American Academy of Nursing.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

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