Table 1: Comparison of risk behavior criteria in 2007 versus 2014 guidelines

Screening	2007 USPSTF Guidelines	2014 USPSTF Guidelines	2015 CDC Treatment
factors			Guidelines
Age	Sexually active non-pregnant females 24 years and younger and females >24 years at increased risk (Grade A recommendation); Pregnant females 24 years and younger and females >25 years at increased risk (Grade B recommendation); Sexually active males: Insuffi-	Sexually active or pregnant females 24 and younger and in females >24 who are at increased risk for infection. (B-level recommendation) Sexually active males: Insufficient evidence	Sexually active females 24 and younger, and females 25 and older at increased risk Males: Young men in high prevalence settings
	cient evidence		
Risk behaviors	Females: New/multiple sex partners; Inconsistent condom use; Previous chlamydia or other	Females: New/multiple sex partner, a sex partner with concurrent partners, or a sex partner who has an STI;	Females: New/multiple sex partners; a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection
	STI history; Incarceration history; Exchanging sex for money or	Inconsistent condom use among persons who are not in mutually monoga- mous relationships;	Males: Young men in high prevalence settings or popula- tions with high burden, e.g. MSM
	drugs	Previous or coexisting STI; Exchanging sex for money or drugs	HIV-positives: sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
Screening frequency	Non-pregnant females: Un- known optimal screening fre-	When sexual history reveals new or persistent risk	Annual screening for females age 24 and younger
	Pregnant females: First prenatal visit and at third trimester visit if new risk factor	behaviors since last nega- tive test	At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use and every 3 to 6 months if at increased risk
			Retest approximately 3 months after treatment
Screening method and specimen type	Nucleic acid amplification test with vaginal swab, urine, or cervical swab specimens	Females: Nucleic acid amplification test with self-collected or clinician-collected vaginal swab in clinical settings, urine, or cervical swab specimens	Females: Nucleic acid amplifi- cation test with self-collected or clinician-collected vaginal swab in clinical settings, urine, or cervical swab specimens Males: Urine MSM: Urine, urethra, oropha- ryngeal and rectal specimens