

# Screening Guidelines for Sexually Transmitted Infections (STIs), Viral Hepatitis, and Tuberculosis (TB) in California Correctional/Detention Facilities

These guidelines summarize [U.S. Centers for Disease Control and Prevention \(CDC\)](#) recommended routine/opt-out screenings and actions for chlamydia, gonorrhea, human immunodeficiency virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV), syphilis, trichomonas, and tuberculosis (TB) in correctional/detention facilities. Supplemental recommendations from the California Department of Public Health (CDPH) and American College of Obstetricians and Gynecologists (ACOG) are provided, when applicable.

## Recommended screening at intake, during incarceration, and additional testing for pregnant persons<sup>1</sup>

Disease/Condition	Recommended Routine/Opt-Out Screening at Intake*	Additional Screening During Incarceration/Detention	Additional Testing for Pregnant Persons
<b>Chlamydia/ Gonorrhea</b>	All females <sup>2</sup> ≤35 years of age and all males <30 years of age	<ul style="list-style-type: none"> <li>At least every 3 months for individuals on PrEP<sup>3</sup></li> <li>Persons reporting/presenting with genitourinary, oropharyngeal, anorectal symptoms or rash</li> <li>Persons potentially exposed to an STI or HIV<sup>4</sup></li> </ul>	All pregnant persons <24 years of age; pregnant persons ≥25 years of age at increased risk <sup>5</sup> <b>CDPH<sup>6</sup>/ACOG<sup>7</sup></b> : all pregnant persons regardless of age
<b>HCV</b>	All persons. Test for HCV antibody (anti-HCV) followed by HCV RNA if positive <b>CDPH</b> : Order anti-HCV with an automatic reflex to HCV RNA to ensure timely diagnostic testing	<ul style="list-style-type: none"> <li>Periodic screening for persons reporting ongoing risk factors (e.g., people who inject drugs [PWID], hemodialysis patients) including those with new diagnosis of an STI or HIV<sup>8</sup></li> <li>Annual screening for men who have sex with men [MSM], transgender women and PWID on HIV pre-exposure prophylaxis (PrEP)<sup>3</sup></li> <li>Persons with signs/symptoms or laboratory findings consistent with hepatitis</li> <li>Persons potentially exposed to HCV</li> <li><b>CDPH</b>: Persons with new, non-sterile tattoos received during detention/incarceration</li> </ul>	During each pregnancy
<b>HBV</b>	All persons. Test for hepatitis B surface antigen (HBsAg), total hepatitis B surface antibody (anti-HBs), and total hepatitis B core antibody (anti-HBc)	<ul style="list-style-type: none"> <li>Periodic screening for persons reporting ongoing risk factors (e.g., PWID, MSM) including those with new diagnosis of an STI, HIV, HCV<sup>9</sup></li> <li>Periodic routine testing for persons serving long-term sentences</li> <li>Persons with signs/symptoms or laboratory findings consistent with hepatitis</li> <li>Persons potentially exposed to HBV</li> </ul>	During each pregnancy <sup>10</sup>
<b>HIV</b>	All persons. <sup>11</sup> Test with an immunoassay that detects HIV-1 & HIV-2 antibodies and HIV-1 p24 antigen, with supplemental testing after a reactive assay	<ul style="list-style-type: none"> <li>Periodic screening for persons reporting ongoing risk factors (e.g., PWID, MSM) including those with new diagnosis of an STI, HCV, HBV or TB</li> <li>At least every 3 months for individuals on oral PrEP, or every 2 months on injectable PrEP<sup>3</sup></li> <li>Persons with signs/symptoms of STIs, hepatitis, TB, or other HIV co-morbid or co-transmitted infections</li> <li>Persons potentially exposed to HIV<sup>4</sup></li> </ul>	During each pregnancy; repeat testing during third trimester and delivery for those at increased risk <sup>12</sup>
<b>Syphilis</b>	All persons based on local area and institutional prevalence of early (primary, secondary, and early latent) infectious syphilis <b>CDPH<sup>13</sup></b> : All people who are or could become pregnant entering an adult correctional facility located in a <a href="#">local health jurisdiction (LHJ) with high congenital syphilis morbidity</a>	<ul style="list-style-type: none"> <li>Periodic screening for those with new diagnosis of another STI, HIV, or HCV</li> <li>At least every 3 months for individuals on PrEP<sup>3</sup></li> <li>Persons reporting/presenting with signs/symptoms of syphilis<sup>14</sup> or other STIs</li> <li>Persons potentially exposed to an STI or HIV<sup>4</sup></li> </ul>	During each pregnancy <ul style="list-style-type: none"> <li>at intake (treat as first prenatal visit)</li> <li>at 28 weeks</li> <li>at delivery</li> </ul>
<b>TB</b>	All persons should be screened for symptoms of pulmonary TB <sup>15</sup> Persons with new risk factors for TB infection or risk for progression to TB disease since last TB test <sup>16</sup> should be further screened with an Interferon-Gamma Release Assay (IGRA) <sup>A</sup> , a tuberculin skin test (TST), or chest radiograph	<ul style="list-style-type: none"> <li>Persons serving long-term sentences who have history of positive TB test result should be screened annually for TB symptoms</li> <li>Anyone with an exposure to infectious TB should receive a TB test if the exposed person has no history of a positive TB test; exposed persons with a history of a positive TB test should be screened for symptoms of TB</li> </ul>	None
<b>Trichomonas</b>	All females <sup>2</sup> ≤35 years of age	<ul style="list-style-type: none"> <li>Persons reporting/presenting with vaginal discharge</li> </ul>	None

\* California [Penal Code 4023.8\(a\)](#) requires that a person incarcerated in a county jail who is identified as possibly pregnant or capable of becoming pregnant during an intake health examination or at any time during incarceration shall be offered a pregnancy test upon intake or by request, within 72 hours of arrival at the jail. Pregnancy tests shall be voluntary and not mandatory, and may only be administered by medical or nursing personnel.

^ Interferon-Gamma Release Assay (IGRA) is preferred over tuberculin skin test (TST), especially among individuals born outside of the United States.

## Additional Recommended Actions During Period of Incarceration/Detention

- Offer immunization against hepatitis A (HAV), HBV, human papillomavirus (HPV),<sup>1</sup> and [mpox](#)<sup>17</sup> as clinically appropriate.
- Additional immunizations [recommended for all adults](#) include influenza and COVID-19 vaccines.<sup>18</sup>

## CDC-Recommended Actions for Release Planning and Linkage to Care<sup>1</sup>

All	<ul style="list-style-type: none"> <li>▪ Treat persons with diagnosed infections in accordance with established clinical guidance (<i>see table below</i>).<sup>19</sup></li> <li>▪ Provide all persons or their identified health care provider with an individual health record (including information on immunizations, medications, and follow up care and treatment needed) upon release.</li> </ul>
HIV	<ul style="list-style-type: none"> <li>▪ Provide persons with HIV with an adequate supply of antiretroviral medication upon release to bridge the gap until the patient can receive care from a community-based HIV provider.</li> <li>▪ Provide information on pre-exposure prophylaxis (PrEP) to all persons who are known to be at risk of HIV infection in their community.</li> </ul>
HIV and viral hepatitis	<ul style="list-style-type: none"> <li>▪ Refer persons with HBV infection, HCV infection, or HIV to community-based medical and social services as needed to support continued medical care, risk-reduction, and, where needed, treatment for substance use disorder.</li> </ul>
HIV, viral hepatitis, and STIs	<ul style="list-style-type: none"> <li>▪ Provide persons with HIV, viral hepatitis, or any STI with counseling on how to prevent transmission to household, sexual, and drug-use contacts as applicable (including risk reduction and condom use).</li> </ul>
TB & latent TB infection (LTBI)	<ul style="list-style-type: none"> <li>▪ Communicate with local/state public health and community healthcare providers to facilitate treatment completion after release for persons on treatment for TB disease or LTBI.</li> <li>▪ Provide persons being treated for TB or LTBI counseling on the importance of completing a full course of treatment.</li> </ul>

## Clinical Treatment Guidance<sup>1</sup>

Disease/Condition	Clinical Treatment Guidance: General	Clinical Treatment Guidance: For Pregnant Persons
STIs	<a href="#">CDC 2021 STI Treatment Guidelines</a>	<a href="#">CDC Sexually Transmitted Infections Treatment Guidelines: Pregnant Women</a>
HIV	<ul style="list-style-type: none"> <li>▪ <a href="#">Health &amp; Human Services (HHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV</a></li> <li>▪ <a href="#">CDC US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline</a></li> </ul>	<a href="#">HHS Recommendations for the Use of Antiretroviral Drugs During Pregnancy</a>
HBV	<a href="#">Update on prevention, diagnosis, and treatment of chronic hepatitis B: American Association for the Study of Liver Diseases (AASLD) 2018 hepatitis B guidance</a>	<a href="#">CDC Screening and Referral Algorithm for HBV Infection Among Pregnant People</a>
HCV	<a href="#">Recommendations for Testing, Managing, and Treating Hepatitis C</a>	<a href="#">AASLD/Infectious Disease Society of America (IDSA) HCV Guidance: HCV in Pregnancy</a>
TB	<a href="#">Treatment for TB Disease</a>	<a href="#">CDC Treatment for TB Disease &amp; Pregnancy</a>
LTBI	<a href="#">Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from National TB Controllers Association (NTCA) and CDC, 2020</a> (short-course, rifamycin-based regimens are preferred)	<a href="#">CDC Treatment for TB Disease &amp; Pregnancy</a>

## Technical Assistance and Available Support

CDPH offers consultation and training on best practices for the implementation and evaluation of STI screening and testing within adult jails and juvenile facilities. For more information, please contact the STD Control Branch at [stdcb@cdph.ca.gov](mailto:stdcb@cdph.ca.gov).

For technical assistance related to TB testing and treatment, contact your local health department TB program. A directory can be found on the [CA Tuberculosis Controllers Association website](#).

## Notes and Sources

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- <sup>1</sup> Unless otherwise noted, source is CDC, [At-A-Glance: CDC Recommendations for Correctional and Detention Settings](#), reviewed 4/24/2023.
- <sup>2</sup> The experience and needs of transgender and gender diverse persons is not well reflected in gender-based screening recommendations. CDC recommends that gender-based STI screening recommendations be adapted on the basis of anatomy. For example, recommendations to screen females ≤35 years of age for chlamydia/gonorrhea should be extended to transgender men and nonbinary persons with a cervix in the age group. See: CDC, [STI Treatment Guidelines, 2021: Transgender and Gender Diverse Persons](#), reviewed 7/22/2021.
- <sup>3</sup> CDC, [US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline](#), published 2021.
- <sup>4</sup> CDC recommends routine (e.g., annual) STI/HIV risk assessments. Although risk behaviors including drug use and sexual activity are prohibited in correctional and detention environments, they may still occur. Clinicians should note that individuals may be hesitant to report these behaviors due to fear of reprisal.
- <sup>5</sup> “Increased risk” means new or multiple sex partners, sex partner with concurrent partners, or a sex partner who had an STI. (CDC, [Recommended Clinician Timeline for Screening for Syphilis, HIV, HBV, HCV, Chlamydia, and Gonorrhea](#), reviewed 8/11/2022.)
- <sup>6</sup> CDPH, [California STI/HIV Screening Recommendations in Pregnancy](#), updated 11/17/23.
- <sup>7</sup> Kilpatrick SJ, Papile LA, et al., editors. [Guidelines for Perinatal Care, 8th ed.](#) American Academy of Pediatrics (AAP) & American College of Obstetricians & Gynecologists (ACOG), September 2017.
- <sup>8</sup> See also: U.S. Preventive Services Task Force (USPSTF), [Hepatitis C Virus Infection in Adolescents and Adults: Screening](#), published 3/2/2020.
- <sup>9</sup> See also: USPSTF, [Hepatitis B Virus Infection in Adolescents and Adults: Screening](#), published 12/15/2020.
- <sup>10</sup> See also: USPSTF, [Hepatitis B Virus Infection in Pregnant Women: Screening](#), published 7/23/2019.
- <sup>11</sup> CDC recommends that facilities should initiate opt-out HIV screening at intake unless the prevalence of undiagnosed HIV infection in their facility population has been documented to be <0.1%. In California, the prevalence of undiagnosed HIV infection in jail settings has been 0.4% thus California facilities should provide opt-out HIV screening. If specific California correctional and detention facilities have established that the diagnostic yield in their facility population is <1 HIV diagnosis per 1,000 persons screened, alternative HIV testing strategies such as risk-based testing can be considered.
- <sup>12</sup> HIV.gov, [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States: Maternal HIV Testing and Identification of Perinatal HIV Exposure](#), updated 1/31/2023.
- <sup>13</sup> CDPH, [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines of California Medical Providers](#), 2020.
- <sup>14</sup> See: Workowski KA, Bachmann LH, Chan PA, et al. [STI Treatment Guidelines, 2021](#). MMWR Recomm Rep. 2021;70(4):1-187. Published 7/23/2021.
- <sup>15</sup> Symptoms of pulmonary TB include prolonged cough (>3 weeks), hemoptysis (bloody sputum), or chest pain.
- <sup>16</sup> New risk factors since the last TB test was performed should include: a) Birth, travel, or residence in a country with an elevated TB rate; b) Immunosuppression, current or planned; c) Close contact to someone with infectious TB during lifetime (CDPH, [TB Risk Assessment](#), updated 6/15/2020).
- <sup>17</sup> See: CDC, [Poxvirus Mpox: Vaccination Basics for Healthcare Professionals](#), updated 5/5/23.
- <sup>18</sup> See: CDC, [Adult Immunization Schedule by Age: Recommendations for Ages 19 Years or Older, United States, 2024](#), updated 2/29/24.
- <sup>19</sup> Some medications (e.g., for HCV and for syphilis) may be cost prohibitive for county jails without access to discounted medications (e.g., via the 340B program). However, screening and diagnosis supports patient awareness and linkages to care. Resources from the [Department of Health Care Services \(DHCS\) Cal-AIM Justice Involved Initiative](#) may be available for pre-release planning, treatment during incarceration, and/or post-release linkages to medical care and social supports for eligible adults (e.g. with mental health/substance use disorder diagnosis or suspected diagnosis, chronic condition, pregnant/postpartum) and all youth.