

This comment is for **CBE #3755e STI Testing for People with HIV**. Some members of the committee questioned the rationale for including all three STIs into one measure; not including an option for providers to achieve a score if they did not test for all three STIs; and whether introducing mandatory or routine STI testing for persons with HIV would cause unintentional stigma and discrimination. These concerns are directly addressed by the current Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infections Treatment Guidelines (CDC STI Guidelines, 2021). Per the [STI Screening of Persons with HIV Infection in HIV Care Settings](#), section of the CDC STI Guidelines:

“At the initial HIV care visit, providers should screen all sexually active persons for syphilis, gonorrhea, and chlamydia, and perform screening for these infections at least annually during the course of HIV care.

“More frequent screening for syphilis, gonorrhea, and chlamydia (e.g., every 3 or 6 months) should be tailored to individual risk and the local prevalence of specific STIs.”

The [HIV Medicine Association of the Infectious Diseases Society of America](#) (updated 2022) similarly recommends performing syphilis, gonorrhea, and chlamydia testing at least annually in asymptomatic persons with HIV with the option to repeat every 3–6 months in asymptomatic persons if risk of acquisition is high.

These recommendations notably include screening for all three infections and doing so will reduce the potential for unintentional stigma or discrimination by making it clear it is a recommendation for all persons with HIV, not needing any specific risks or behaviors to be asked about or disclosed. While more than annual testing may be beneficial for some persons, the measure is more conservative to represent the recommendations applicable to all persons with HIV.

In addition, members questioned the correlation between annual testing and better patient outcomes. Chlamydia, gonorrhea, and syphilis cause substantial health losses. Among adults with chlamydia or gonorrhea, these losses are most pronounced among women, for whom length of infection increases risk of pelvic inflammatory disease ([Li 2023](#)). Annual screening could reduce the length of infection, thus reducing the risk of pelvic inflammatory disease. Similarly, among adults with syphilis, models estimate lower health losses among men who have sex with men (MSM) than in men who have sex with women because MSM have higher rates of screening and treatment ([Lee 2023](#)). The benefits of screening go beyond the patient as well. It's estimated that about 20% of HIV infections among MSM are caused by bacterial STIs because they double the probability of acquisition or transmission of HIV; thus routine screening for these infections among people with HIV benefits their partners as well.

The measure testing performed well in the measure score validity and data element reliability.

Considering these recommendations, **I encourage the committee to vote “high” for the evidence and validity of the CBE #3755e STI Testing for People with HIV.**