

## PCSI Clinical Guidelines

**Table 1. Summary of current screening<sup>1</sup> and HAV & HBV vaccination recommendations for infected populations with syndemics<sup>2</sup> in San Francisco**

Populations	HIV screen	Chlamydia screen	Gonorrhea screen	Syphilis screen	HCV screen	HBV Screen	HBV Vacc.	HAV Vacc.	TB screen
PLWHA		On entry, then based on population recommendations				On entry	On entry or if not properly vaccinated	On entry	On entry, then annually
Chlamydia	All persons at least once, then based on specific recommendations		At time of treatment*	At time of treatment*	NR	NR**	Anyone >19	NR	NR
Gonorrhea		At time of treatment*		At time of treatment*	NR	NR**	Anyone >19	NR	NR
Syphilis		At time of treatment*	At time of treatment*		NR	NR**	Anyone >19	NR	NR
HCV	On entry	See population data for specific recommendations				To diagnose past or present infection	On entry	On entry	On entry
Acute HBV	On entry	On entry						On entry	
Chronic HBV	On entry	See population data for specific recommendations			On entry			On entry	On entry
Latent TB	On entry				If clinically indicated	If clinically indicated	On entry	NR	
Active TB	On entry				Consider screening on entry	Consider screening on entry	Screen for HBV, then vaccinate if HBV neg	NR	

\* If patient has Chlamydia, Gonorrhea, or Syphilis screen for all

\*\*Except if foreign-born in HBV-endemic area (all except North America, Australia, Japan and Western Europe)

NR: Not recommended

<sup>1</sup> Screening means testing regardless of risk-factor or symptoms, please note that this does not preclude testing based on clinical symptoms, diagnostic testing based on signs or systems, exposure to a specific disease, and or prior infection and retesting after treatment to assess for possible re-infection

<sup>2</sup> Syndemics, When used as a noun, a syndemic is defined as two or more afflictions (diseases), interacting synergistically, contributing to increased transmission and/or worsened outcomes of either or all diseases in a population.

**Table 2. Summary of screening and HAV & HBV vaccination recommendations for specific populations in San Francisco**

Populations	HIV screen	Chlamydia screen	Gonorrhea screen	Syphilis screen	HCV screen	HBV Screen	HBV Vacc.	HAV Vacc.	TB screen
<b>General population</b>	All persons at least once, then based on specific recommendations	See population data for specific recommendations			All persons 40-69yrs at least once, then based on specific recommendations	See population data for specific recommendations	Universal Child <18 as well as anyone >19 who is high risk or by request	Universal Child <18 as well as anyone >19 who meets certain provisions (ie liver disease)	No unless from high risk pool See guidelines
<b>Homeless and marginally housed</b>	See population data for specific recommendations				On entry and annually	NR	See general pop.	See general pop.	Screen on entry then annually if still in shelter or SRO
<b>Foreign Born</b>	See population data for specific recommendations				Foreign born from HCV endemic countries particularly SE Asia, Japan, Egypt & Pakistan	All except for Australia, Western Europe, & N. America (w/exception of native ppls of Alaska & northern Canada)	If from country w/>2% pr. test then vaccinate	See general pop.	Foreign born from TB endemic countries (All except for North America, Australia, Japan, and Western Europe)
<b>Incarcerated Individuals</b>	At intake, risk targeted for substance use	All MSM Males <30 Females <35 PLWHA	All MSM Males <30 Females <35 PLWHA	PLWHA If GC+ and/or CT+ = directed testing	By request, IDU, substance users and annually for PLWHA	By request, PLWHA, IDU, or from country w/>2% pr.	Anyone >19 PLWHA, by request or medical indication	If HBV &/or HCV+ and HAV unknown, test then vaccinate	On entry and then annually
<b>Pregnant (any age)*</b>	1 <sup>st</sup> trimester, repeat 3 <sup>rd</sup> trimester, test at labor & delivery if no result in record	1 <sup>st</sup> trimester, repeat 3 <sup>rd</sup> trimester if high risk	1 <sup>st</sup> trimester, repeat 3 <sup>rd</sup> trimester if high risk	1 <sup>st</sup> trimester, repeat 3 <sup>rd</sup> trimester if high risk	1 <sup>st</sup> trimester, repeat 3 <sup>rd</sup> trimester if high risk	To diagnose past or present infection	Test surface antigen (required by law) and test for antibody, if both HBsAg and antibody to HBsAg results are negative, vaccinate	NR	Screened during pregnancy if from high risk demographic pool (see guidelines)
<b>IDU</b>	Every 6 months Then see recommendations	See population data for specific recommendations			Annually for current and upon entry for history of IDU	To diagnose past or present infection	Anyone >19	On entry	Annually
<b>Gay, Transmale or other MSM</b>	Every 6 months Then see recommendations	Every 3-6 months	Every 3-6 months	Every 3-6 months	See general pop.	To diagnose past or present infection	Anyone >19	On entry	No unless high risk pool See guidelines
<b>Transfemale</b>	Every 6 months Then see recommendations	Every 3-6 months	Every 3-6 months	Every 3-6 months	Annually for HIV+ MSM if clinically indicated	To diagnose past or present infection	Anyone >19	On entry	No unless high risk pool See guidelines
<b>Male (non-MSM/non PLWHA/non-FTM)</b>	All persons at least once	NR	NR	NR	See general pop.	From country w/>2% pr.	Anyone >19	NR	No unless high risk pool See guidelines
<b>Female</b>	All persons at least once	<25 every 12 months IUD-at time of insertion	<25 every 12 months IUD-at time of insertion	NR	See general pop.	From country w/>2% pr.	Anyone >19	NR	No unless high risk pool See guidelines