





Wyoming Department of Health Communicable Disease Unit 122 West 25th Street Herschler West, Suite 310 Cheyenne, WY 82002

2025 Wyoming Communicable Disease Testing Recommendations¹

The recommendation for all sexually active individuals in Wyoming is to receive at least annual testing for HIV, syphilis, and multisite (as indicated) chlamydia and gonorrhea, regardless of relationship status. Annual testing provides an opportunity to identify and treat infections to improve patient outcomes and decrease transmission.

Outside of annual testing, the testing frequency is based on each patient's risk. In general, test two weeks after each partner or exposure, or every 1-3 months for frequent partners or exposures.

Risk(s), more than one row may apply	HIV 2	Hep B ³	<u>Hep C 2, 4</u>	Syphilis 5	<u>Chlamydia</u>	<u>Gonorrhea</u>	<u>TB</u>
All sexually active individuals	X			X	X	X	
⁶ Genital chlamydia/gonorrhea: history of & never tested, or history of genital sex since last tested	X			X	X	X	
⁷ Pharyngeal chlamydia/gonorrhea: history of & never tested, or history of oral sex since last tested	X			X	X	X	
Rectal chlamydia/gonorrhea: history of & never tested, or history of anal sex since last tested	X			X	X	X	
Men who have sex with men	X	X	X	X	X	X	
Person diagnosed with or treated for another sexually transmitted infection	X	X	X	X	X	X	
Tattoos or body piercings that are homemade or from an unlicensed facility or person	X	X	X	X			
⁸ Pregnant	X	X	X	X	X	X	
³ ≥18 years of age, test at least once in lifetime		X	X				
13-64 years of age, test at least once in lifetime	X						
^{3,9} Needle stick injuries, open wound exposures, or mucosal exposures to blood or body fluids	X	X	X	X			
Survivor of sexual assault or abuse	X	X	X	X	X	X	
Current or past history of injection drug use, intranasal drug use, or sharing other drug equipment	X	X	X	X			X
Current or past resident of a detention or correctional facility	X	X	X				X
Persons living with HIV infection		X	X	X	X	X	X
Sexual contact with a person living with the infection	X	X	X	X	X	X	
Person living with hepatitis B or hepatitis C infection (Hep B infection: test for hep C and HIV. Hep C infection: test for hep B and HIV)	X	X	X				
People who live with someone who has hepatitis B		X					
¹⁰ People born to those with HIV, syphilis, hepatitis B, or hepatitis C infection (respectively)	X	X	X	X			
People with certain medical conditions, including those who have ever received maintenance hemodialysis.	X	X	X				
Recipient of blood transfusions, blood components, or organ transplant before July 1992	X	X	X				
Recipient of clotting factor or blood concentrate before 1987	X	X	X				
People who were notified that they received blood from a donor who later tested positive for hepatitis C infection			X				
Consistently abnormal liver tests, liver damage, or liver inflammation		X	X				
⁴ Any person who requests hepatitis C testing.			X				
¹¹ People born in certain countries where hepatitis B is common		X					
People with TB infection (latent or active)	X						
¹² Conditions that can increase the risk of developing active TB							X
¹² People born in or frequently travel to countries where TB is common							X
¹² Live or used to live in large group settings where TB is more common							X
12 Work in places where TB is more likely to spread							X
¹² People who have spent time with someone who has active TB infection (test now and 8-10 weeks after last exposure)							X
¹² Symptoms consistent with infection (respectively)	X	X	X	X	X	X	X

Footnotes can be found on page 2.

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1	The WDH CDU Testing Recommendations begin with national CDC Recommendations and are then adjusted according to risk factors reported to CDU staff during interviews with positive cases in
	Wyoming. The resulting CDU Testing Recommendations document is specific to how the infections transmit and present in the Wyoming population.
2.	Most patients exposed to HIV or Hepatitis C seroconvert within 90 days; however, some patients may not seroconvert for up to six months. If exposed, retest 90 days after last exposure and again at
	six months after last exposure.
	CDC recommends hepatitis B screening at least once during a lifetime for all adults 18 and older.
3	If a KnoWyo Voucher safety-net testing site wishes to use a KnoWyo Voucher for hepatitis B testing, it should check the hepatitis B vaccination status prior to the testing and then follow the current
	KnoWyo Voucher Guidance to see if the testing can be covered with a KnoWyo Voucher.
4	For KnoWyo Voucher safety-net testing locations, please note that KnoWyo Vouchers can identify new HCV infections, but cannot be used to assess the current status of chronic HCV infections.
5	Contacts to a positive case may test negative initially. Please discuss this with the CDU Area DIS and instruct the patient to test 90 days from their last exposure. CDU Area DIS contact information
3	can be found at https://health.wyo.gov/publichealth/communicable-disease-unit/staff/.
6	For females, if a pelvic exam was not otherwise indicated, consider a self-swab over a urine sample, as swabs are more sensitive than urine.
	Any person with pharyngeal gonorrhea should return 7–14 days after initial treatment for a test of cure by using either culture or NAAT; however, testing at 7 days might result in an increased
7	likelihood of false-positive tests. If the NAAT is positive, an effort should be made to perform a confirmatory culture before retreatment, especially if a culture was not already collected.
	https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm
8	Current ACOG Recommendation: Screen all pregnant women serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth.
8	https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy
	For KnoWyo Voucher safety-net testing locations, if a patient's exposure was occupational, refer to the current KnoWyo Voucher Guidance to determine if testing can be covered with a KnoWyo
9	Voucher.
10	Anti-HCV tests should not be performed earlier than age 18 months in perinatally exposed children because of passive transfer of maternal antibody. NAT for HCV RNA can be done as early as age
	2 months in perinatally exposed infants. https://www.cdc.gov/mmwr/volumes/72/rr/rr7204a1.htm
11	US-born people not vaccinated as infants whose parents were born in geographic regions with HBsAg prevalence of 8% or more. https://www.cdc.gov/hepatitis-b/hcp/diagnosis-testing/index.html
12	https://www.cdc.gov/tb/risk-factors/index.html

For support related to HIV, chlamydia, gonorrhea, syphilis, hepatitis B, or hepatitis C cases, please contact the CDU Area DIS. Area DIS contact information can be found at https://health.wyo.gov/publichealth/communicable-disease-unit/staff/.

Support related to TB can be found on the CDU TB webpage at https://health.wyo.gov/publichealth/communicable-disease-unit/tuberculosis-2/. For additional TB questions, email the CDU TB Program Staff at cdu.treatment@wyo.gov or call the CDU TB Controller at 307-777-6563.



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