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Communicable Disease Unit
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Wyoming Department of Health Communicable Disease Snapshot of Screening Recommendations

At Risk Populations	HIV	Hepatitis B	Hepatitis C	Syphilis	Chlamydia	Gonorrhea	TB
As indicated by employment							X
Blood transfusions, recipient of blood components or organ transplant prior to July 1992	X	X	X				
Born in Asia, Africa or South America	X	X	X				X
Born in Latin America, Caribbean, Africa, Asia, Eastern Europe, and Russia	X						X
Chemotherapy or immunosuppressive therapy	X	X	X				
Current or past Hemodialysis	X	X	X				
Current/History of Homelessness	X	X	X				X
Current/History of Injection Drug Use	X	X	X				X
Current/Past resident of detention/correction facility	X	X	X	X	X	X	X
Currently or history of working in a health care setting	X	X	X				X
Hepatitis B or C positive sexual contact (Respectively)	X	X	X		X	X	
Hepatitis B positive house hold contact	X	X					
History of prior STDs	X	X	X	X	X	X	
HIV infected		X	X	X	X	X	X
Household contact positive for TB							X
Men who have sex with Men (MSM)	X	X	X	X	X	X	
More than one sex partner in last 60 days	X	X	X	X	X	X	
New sex partner in the last 60 days	X				X	X	
Parents born in Asia, Africa or South America	X	X	X				
Pelvic Inflammatory Disease	X				X	X	
Pregnant Women	X	X	X	X	X	X	
Recipient of clotting factor or blood concentrated prior to 1987	X		X				
Resident of high risk congregate setting	X						X
Sexual contact with a STD Positive individual (Respectively)	X	X	X	X	X	X	
Sexually active males and females 13-26	X				X	X	
Substance Use	X	X	X				X
Symptoms consistent with disease (Respectively)	X	X	X	X	X	X	X
Tattoos or body piercings acquired in unlicensed facilities	X	X	X				
Travelers who anticipate prolonged exposure to TB	X						X
Underlying Immunocomprimised Conditions	X						X

DO NOT Screen solely on risks listed; complete the respective risk assessment to determine appropriate screenings.

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