

*Figure. Screening for asymptomatic bacteriuria in adults: clinical summary of a U.S. Preventive Services Task Force (USPSTF) recommendation.*

## Annals of Internal Medicine



### Screening for Asymptomatic Bacteriuria in Adults: Clinical Summary of a U.S. Preventive Services Task Force Recommendation Statement

Population	All Pregnant Women	Men and Nonpregnant Women
Recommendation	Screen with urine culture. Grade: A	Do not screen. Grade: D

Detection and screening tests	Asymptomatic bacteriuria can be reliably detected through urine culture. The presence of at least 10 <sup>5</sup> colony-forming units per mL of urine, of a single uropathogen, and in a midstream clean-catch specimen is considered a positive test result.	
Screening intervals	A clean-catch urine specimen should be collected for screening culture at 12–16 weeks' gestation or at the first prenatal visit, if later.  The optimal frequency of subsequent urine testing during pregnancy is uncertain.	Do not screen.
Benefits of detection and early treatment	The detection and treatment of asymptomatic bacteriuria with antibiotics significantly reduces the incidence of symptomatic maternal urinary tract infections and low birthweight.	Screening men and nonpregnant women for asymptomatic bacteriuria is ineffective in improving clinical outcomes.
Harms of detection and early treatment	Potential harms associated with treatment of asymptomatic bacteriuria include: <ul style="list-style-type: none"> <li>• adverse effects from antibiotics</li> <li>• development of bacterial resistance</li> </ul>	
Other relevant recommendations from the USPSTF	Additional USPSTF recommendations involving screening for infectious conditions during pregnancy can be found at <a href="http://www.ahrq.gov/clinic/cps3dix.htm#obstetric">www.ahrq.gov/clinic/cps3dix.htm#obstetric</a> and <a href="http://www.ahrq.gov/clinic/cps3dix.htm#infectious">www.ahrq.gov/clinic/cps3dix.htm#infectious</a> .	

For the full recommendation statement and supporting documents, please go to [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

**Table 1. What the U.S. Preventive Services Task Force (USPSTF) Grades Mean and Suggestions for Practice**

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer/provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer/provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting.	Read clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

**Table 2. U.S. Preventive Services Task Force (USPSTF) Levels of Certainty Regarding Net Benefit**

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: <ul style="list-style-type: none"> <li>the number, size, or quality of individual studies</li> <li>inconsistency of findings across individual studies</li> <li>limited generalizability of findings to routine primary care practice</li> <li>lack of coherence in the chain of evidence.</li> </ul> As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: <ul style="list-style-type: none"> <li>the limited number or size of studies</li> <li>important flaws in study design or methods</li> <li>inconsistency of findings across individual studies</li> <li>gaps in the chain of evidence</li> <li>findings that are not generalizable to routine primary care practice</li> <li>a lack of information on important health outcomes.</li> </ul> More information may allow an estimation of effects on health outcomes.

\* The USPSTF defines *certainty* as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.