Chlamydia

# Cause

* *Chlamydia trachomatis*

# Clinical presentation

* Usually asymptomatic in both men and women.
* Men
  + urethritis with discharge and dysuria
  + Complications:
    - epididymo-orchitis
* Women
  + cervicitis with vaginal discharge and post coital bleeding.
  + Complications:
    - pelvic inflammatory disease: chronic pelvic pain, ectopic pregnancy and infertility.
    - Mother-to-child transmission: neonatal conjunctivitis and pneumonitis.

# Diagnosis

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| **Diagnosis in males** | | |
| **Test** | **Site/Specimen** | **Comments** |
| NAAT | FPU | If MSM, also collect anal and pharyngeal swab even if asymptomatic at these sites. |
| NAAT | Anorectal swab | If MSM, and patient declines anal examination or has no anorectal symptoms, instruct in self-collection  Self-collection are as sensitive as those taken by a clinician and may be preferred by some men. |
| NAAT | Pharyngeal swab | Collect if MSM. Self-collection are as sensitive as those taken by a clinician and may be preferred by some men. |

NAAT – Nucleic Acid Amplification Test

FPU – First pass urine

MSM – Men who have sex with men

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| **Diagnosis in females** | | |
| **Test** | **Site/Specimen** | **Comments** |
| NAAT | Endocervical swab | Best test if examined |
| NAAT | Self-collected vaginal swab | As sensitive as clinician taken swabs, and are acceptable to many women |
| NAAT | FPU | Only if endocervical swab/self-collected vaginal swab cannot be taken e.g. after a hysterectomy. Not as sensitive as self-collected vaginal swab. |
| NAAT | Anorectal swab | If patient has had anal sex or has ano-rectal symptoms.  If patient declines anal examination, instruct [self-collection](file:///C:\Users\he11584\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\E1TFS3LE\link) or refer patient for testing at sexual health centre. |

NAAT – Nucleic Acid Amplification Test

FPU – First pass urine

* If a chlamydia result is equivocal or inhibitors are present the test should be repeated. If the initial test was a urine sample, the repeat test should be performed by taking a urethral swab as the inhibitors may persist in the urine.

# Management

## Index patient

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| **Condition** | **Recommended** | **Comments** |
| Uncomplicated genital or pharyngeal infection | **Doxycycline 100mg PO, twice daily for 7 days**  OR  **Azithromycin 1g PO, stat** |  |
| Anorectal infection | **Doxycycline 100mg PO, twice daily for 7 days**  If symptoms of proctitis, consider LGV | Doxycycline is superior to azithromycin for anorectal chlamydia |
| Pelvic inflammatory disease | Link to PID |  |
| Epididymo-orchitis | Link to epididymo-orchitis |  |
| Pregnant women | **Azithromycin 1g PO, stat** | Doxycycline is contra-indicated  Other alternative antibiotics if azithromycin is contra-indicated:  **Amoxycillin 500mg PO, three times a day for 7 days**  OR  **Erythromycin ethylsuccinate (EES) 800mg PO, four times a day for 7 days**  OR  **Erythromycin ethylsuccinate (EES) 400mg PO, four times a day for 14 days** |

* For genital chlamydia a repeat chlamydia test to exclude re-infection is recommended at three months as re-infection rates are high.
* Re-testing at 3 months is also recommended for pharyngeal chlamydial infections in MSM.
* For rectal chlamydia infections, whether LGV or otherwise, a repeat anal swab should be performed at one month after commencing treatment as a test of cure.
* Repeating a test to ensure cure for chlamydia is not recommended except in pregnant women where it should be performed because of low efficacy of some antibiotics.
* If a repeat test following treatment is performed it should not be done within 4 weeks of commencing treatment as a persistently positive result could reflect detection of non- viable DNA especially within the first two weeks.
* Chlamydia is notifiable to the Victorian Health Department by laboratories

## Sexual partners

* Partner notification should be discussed with patients diagnosed with chlamydia as sex with untreated chlamydia infected partners can result in repeat infection. ‘
* Consider referring patients to the Let Them Know website ([www.letthemknow.org.au](http://www.letthemknow.org.au/)) which is designed to support patients to undertake partner notification and which facilitates sending of SMS and email messages to partners.
* Partners should be contacted, tested and treated without waiting for their test results.
* Individuals should abstain from sex with their partners until 7 days after both have received treatment.
* Patient delivered partner therapy (PDPT) for chlamydia treatment is available to those partners who are unable to attend.
  + However , co-infections and complicated infections may be missed if partners do not attend, hence PDPT is not recommended in high risk populations with a high prevalence of HIV such as MSM, and should be used with caution in populations with a high rate of gonorrhoea coinfection. The lack of clinical assessment that occurs with PDPT may lead to a failure to appropriately diagnose and manage complicated infections such as pelvic inflammatory disease