Chlamydia trachomatis: diagnostic tool for primary care

CHLAMYDIA IN THE COMMUNITY

- Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection (STI) in England and it is frequently asymptomatic.[1] Prevalence rates are highest in 15-24 year olds.[1]
- Risk factors for chlamydia include: under 25 years of age, a new sexual partner, more than one sexual partner in the past year and a lack of consistent condom use.[4]
- Chlamydia can lead to pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy and chronic pelvic pain in women and epididymo-orchitis in men.[1]

TARGET
Keep Antibiotics Working

WHEN SHOULD I SCREEN ASYMPTOMATIC PATIENTS FOR *CHLAMYDIA TRACHOMATIS*?

- Sexually active 15-24 year olds should be opportunistically tested annually and on change of sexual partner (whichever is more frequent).[3]
- Older patients should be screened annually if they are having condomless sex with a new or casual partner.[3]

WHAT SIGNS AND SYMPTOMS INDICATE I SHOULD TEST FOR *CHLAMYDIA TRACHOMATIS*?

Sexually active women with

- increased vaginal discharge[1]
- menstrual abnormalities (post-coital and intermenstrual bleeding)[1]
- frequency/dysuria with negative MSU[1]
- lower abdominal pain[1]
- deep dyspareunia[1]
- cervical motion/pelvic tenderness[1]
- mucopurulent cervicitis with or without contact bleeding[1]
- suspected PID or other STI[2]
- tubal infertility or ectopic pregnancy[1]
- perihepatitis[1]

Sexually active men with

- dysuria[1]
- urethral discharge[1]
- epididymitis or epididymo-orchitis[1]

Sexually active men or women if:

- sexually acquired reactive arthritis[1]
- lymphogranuloma venereum (LGV)[1]
- anal discharge and anorectal discomfort suggest a rectal infection[1]
- they have an infant who has conjunctivitis within 1 month of birth[1]

SAMPLING FOR *CHLAMYDIA TRACHOMATIS*

- If there has been possible sexual exposure within the previous two weeks, patients should return for a repeat test two weeks post-exposure.[3]
- Women should submit a self-taken vaginal swab specifically used for chlamydia nucleic acid amplification testing (can be used in menses). Do not use a standard bacterial swab with/without charcoal in women, or urine sample as they are not sufficiently accurate.[3]
- Men should submit a first void urine sample, or after holding urine for at least 1 hour (first void being held overnight).[3]
- Rectal sample could be taken if anal discharge or anorectal discomfort in sexually active men or women depending on sexual history.[3]
- Point-of-care tests should not be used routinely for chlamydia in primary care as they are not sufficiently accurate.[1]
- In symptomatic patients or positive chlamydia test, test for other STIs and share patient facing materials about STIs and safer sex.[1]

WHEN SHOULD PARTNERS BE NOTIFIED?

- All sexual partners of patients with a positive chlamydia result should be offered and encouraged to take up full STI screening. This applies to all contacts since and 4 week prior to symptom onset for men with urethral symptoms and all sexual partners in the last six months for other cases.[1]

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Please refer to user guide for reference list

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WHEN SHOULD I RETEST FOR *CHLAMYDIA TRACHOMATIS?*

Immediate post-treatment testing is not routinely recommended for uncomplicated chlamydia infections.[1]
Repeat testing should be performed (no earlier than three weeks following treatment)[1] in patients with:

- persistent symptoms[1]
- in pregnancy[1]
- poor compliance is suspected[1]
- suspected LGV or diagnosed rectal infections (refer to GUM for sexual health screening)[1]

Perform repeat testing 3-6 months after treatment in under 25 year olds with diagnosed chlamydia[1]
Consider retesting 3-6 months after treatment in those over 25 years at high risk of re-infection[1]

TREATMENT OF UNCOMPLICATED CHLAMYDIAL INFECTION (BASHH guidelines)[1,2]

Use doxycycline first line as there is increased resistance to azithromycin in genitourinary infections

- Women and men: doxycycline 100mg BD for seven days (should not be given to women who are pregnant/breastfeeding)
- Pregnant/allergy/intolerance: azithromycin 1g orally stat as a single dose followed by 500mg OD for 2 days (total 3 days). Advise that adverse outcomes unlikely in pregnancy, but there is a lack of data

Advise patient and partner(s) to abstain from intercourse (including oral) until doxycycline course completed or seven days post-azithromycin

Refer to relevant BASHH guidance for complicated infection including Pelvic Inflammatory Disease and Epididymo-orchitis.

WHEN SHOULD I REFER OR SEEK SPECIALIST ADVICE?

When to consider GUM referral:

- all complicated cases
- symptomatic men and women
- multiple sexual partners
- if LGV or rectal infection suspected
- proven chlamydia
- high local antibiotic resistance to gonorrhoea
- treatment for all STIs is free in GUM clinics
- if samples for dual molecular testing for chlamydia and gonorrhoea are available in GUM and there is high local prevalence of gonorrhoea

When to seek specialist advice:

- pregnant women, if not referred to gynaecology/obstetrics
- intolerance of treatment
- persistent symptoms after treatment
- difficulty notifying partner
- complicated upper genital tract infection
- high risk of gonorrhoea and intramuscular ceftriaxone is unavailable
- doubt about diagnosis (e.g. negative test result when high index of suspicion for chlamydia infection; atypical symptoms)

When to consider urgent referral:

- acute, severe PID, or lack of response to treatment (e.g. refer to GUM)
- pelvic pain in pregnant/possibly pregnant women (e.g. refer to gynaecology/early pregnancy assessment unit)