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. Prevalence rates are highest in 15-24 year olds.
- 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.
- Chlamydia can lead to pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy and chronic pelvic pain in women and epididymo-orchitis in men.

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).
- Older patients should be screened annually if they are having condomless sex with a new or casual partner.

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

Sexually active women with

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

Sexually active men with

- dysuria
- urethral discharge
- epididymitis or epididymo-orchitis.

Sexually active men or women if:

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

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.
- 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.
- Men should submit a first void urine sample, or after holding urine for at least 1 hour (first void being held overnight).
- Rectal sample could be taken if anal discharge or anorectal discomfort in sexually active men or women depending on sexual history.
- Point-of-care tests should not be used routinely for chlamydia in primary care as they are not sufficiently accurate.
- In symptomatic patients or positive chlamydia test, test for other STIs and share patient facing materials about STIs and safer sex.

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.

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WHEN SHOULD I RETEST FOR *CHLAMYDIA TRACHOMATIS?*

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

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

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

TREATMENT OF UNCOMPLICATED CHLAMYDIAL INFECTION (BASHH guidelines)

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)

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