

Always consider *Chlamydia trachomatis* in young sexually active patients as it is asymptomatic in 70%.

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|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Those most at risk: | <input type="checkbox"/> Men and women under 25 years; new sexual partner in last 12 months; lack of barrier contraception; use of oral contraceptive pill; women undergoing termination of pregnancy. ¹⁻⁷ |
| Are you a low tester? | <input type="checkbox"/> There is a ten-fold variation in practice sampling from 1-60/1000 patients
<input type="checkbox"/> When taking an HVS consider indications for a specific chlamydia swab (<50% do this)
<input type="checkbox"/> Currently 54% of testing is in the over 25s who are at much lower risk ⁸ |

TESTING FOR *CHLAMYDIA TRACHOMATIS* SHOULD BE PERFORMED if individual symptomatic

In sexually active women (particularly those <25 yrs) with symptoms and signs suggesting chlamydia.¹⁻⁷

- B** Menstrual abnormalities: post coital/intermenstrual bleeding
 Mucopurulent cervical discharge
 Inflamed/friable cervix (which may bleed on contact)
 Deep dyspareunia
 Urethral syndrome: Frequency/dysuria with –ve MSU
 suspected PID (pelvic pain and tenderness)
 reactive arthritis in the sexually active

In men with symptoms and signs which may be due to chlamydia.⁹⁻¹¹

- B** Dysuria (frequency is more suggestive of UTI)
 Urethral discharge
 Urethritis
 Epididymitis, epididymo-orchitis in sexually active
 Reactive arthritis in the sexually active

Consider other STI tests & GUM referral in symptomatic patients, proven chlamydia, multiple sexual partners, or if dual testing is not done and there is high prevalence of gonorrhoea.

SCREENING ASYMPTOMATIC MEN AND WOMEN

for more information visit the [National Chlamydia Screening Programme](#) website

Infection is asymptomatic in 70%. The prevalence of chlamydia reduces significantly with age. Patients over 25 years should only be screened if new younger sexual partner in last 12 months.^{12,13}

- B** Sexually active men and women <25 with a new sexual partner in the last 12 months^{14,15}
B Women <25 yrs having their first cervical smear
B Sexual partners of those with proven or suspected Ct^{16,17}
A All women seeking termination of pregnancy¹⁸
C All patients with another sexually transmitted infection (STI), including genital warts¹⁹

- B** All patients attending genitourinary medicine clinics^{20,21}
B Women undergoing cervical instrumentation (IUCD)
B Parents of infants with chlamydial conjunctivitis or pneumonitis²²
 Semen and egg donors²³
 Tubal infertility or ectopic pregnancy

SAMPLING

- Give patient verbal and written information about chlamydia, other STIs and safer sex.**
- A** **If screening women, submit first void urine specimen or self-taken vaginal swab for Nucleic Acid Amplification Test.^{24,25} Check local laboratory preference as both may not be provided.**
- B** In women who are undergoing a vaginal examination, take an endocervical swab. Urethral swabs are unnecessary.^{26,27} Use laboratory collection kit. Remove excess mucus, insert swab into cervical os and firmly rotate against endocervix.
- B** In symptomatic patients at risk of STI (see above), or positive chlamydia test, swabs for other STIs should be taken.
- B** In reactive arthritis, paired serology may detect rising titres^{28,29}
- B** **In men, first void urine held in bladder for at least 1-2 hours.³⁰**

TREATMENT OF UNCOMPLICATED INFECTION

In patients with signs or symptoms strongly suggestive of chlamydia, start treatment without waiting for laboratory confirmation and ensure that steps are taken to treat the sexual partner(s).

- A** **First line treatment in women and men.³¹** **In pregnancy or breast-feeding Azithromycin can be used but is 'off label'.**
 Azithromycin 1g PO stat **or** **Alternatives include:**
 Doxycycline 100mg bd PO 7 days Erythromycin 500mg bd PO 14 days **or** Amoxicillin 500mg tds PO 7 days } *Not reliable; perform test of cure after 5-6 weeks. Refer to GUM.³²*

Advise abstaining from intercourse until the patient and partner have completed treatment (7 days post-azithromycin).

PARTNER NOTIFICATION

- B** Always test current partners of positive patients, but treat irrespective of test results.
 Also attempt to contact other sexual partners within the last six months, or the most recent sexual partner if over six months.

RETESTING

- B** **In patients compliant with treatment and no risk of re-infection from untreated partner, test of cure is unnecessary.^{7,33} If erythromycin or amoxicillin prescribed, perform test of cure, which should always be done after 5-6 weeks.³²**

This guidance was developed by the HPA Primary Care Unit and GP Microbiology Laboratory Use Group, in collaboration with GPs, the AMM and experts in the field, and is in line with other UK guidance including Clinical Knowledge Summaries & SIGN.

WHEN TO REFER OR SEEK EXPERT ADVICE

Seek expert advice:

- Pregnant women (if not referred to gynaecology)
- Complicated upper genital tract infection (but start treatment)
- Intolerance of treatment
- Doubt about diagnosis (eg equivocal test result, atypical symptoms)
- Persistent symptoms following treatment
- Difficulty with partner notification

Urgent referral:

- Acute, severe PID or lack of response to treatment
- Pelvic pain in pregnant or possibly pregnant

TREATMENT OF COMPLICATED UPPER GENITAL TRACT INFECTION (PID, EPIDIDYMITIS)

- Women:**
First-line treatment:
- C** Doxycycline 100mg BD PO for 14 days PLUS
Metronidazole 400mg BD PO for 14 days PLUS
Cefixime 400mg PO stat then 200mg BD total 3 days^{34,35}
- A** **OR**
- Ofloxacin 400mg BD PO for 14 days +
Metronidazole 400mg BD PO for 14 days³⁶

- Women:**
If pregnant or breast feeding:
- Erythromycin 500mg BD PO for 14 days (or
azithromycin 1g PO stat then 500 mg OD for 4 days) +
Metronidazole 400mg BD PO for 10-14 days +
Cefixime 400 mg PO stat then 200mg BD total 3 days
- Men:**
- Doxycycline 100 mg BD for 14 days or
 Ofloxacin 200 mg BD for 14 days

REFER ALL COMPLICATED CASES TO GUM

Grading of guidance recommendations

Study Design	Recommendation Grade
Good recent systematic review of studies	A+
One or more rigorous studies, not combined	A-
One or more prospective studies	B+
One or more retrospective studies	B-
Formal combination of expert opinion	C
Informed opinion, other information	D
Good practice	<input checked="" type="checkbox"/>

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Additional reading

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Treatment advice can be found on our website:

<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1197637041219>

We welcome, in fact encourage, opinions on the advice given and future topics we should cover. We would be most appreciative if you could email any evidence or references that support your requests for change so that we may consider them at our annual review.

Comments should be submitted to Dr Clodna McNulty, Head, HPA Primary Care Unit, Microbiology Laboratory, Gloucestershire Royal Hospital, Great Western Road, Gloucester GL1 3NN.

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