

Chlamydia treatment guidelines

Chlamydia is a very common bacterial STI which can be passed on during sex without a condom or other barrier method.

Causes

Chlamydia is usually asymptomatic in both men and women.

Clinical presentation

Chlamydia is usually asymptomatic in both men and women.

Men

- Symptoms - urethritis with discharge, dysuria and proctitis
- Complications - epididymo-orchitis. Refer to [Epididymo-orchitis treatment guidelines](#)

Women

- Symptoms - cervicitis with vaginal discharge, post coital bleeding and proctitis
- Complications:
 - pelvic inflammatory disease (PID) - chronic pelvic pain, ectopic pregnancy and infertility. Refer to [PID treatment guidelines](#)
 - mother to child transmission - neonatal conjunctivitis and pneumonitis

Diagnosis

Men

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 is as sensitive as those taken by a clinician and may be preferred by some men.

Women

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, for example after a hysterectomy. Not as sensitive as self-collected vaginal swab.
NAAT	Anorectal swab	If patient has had anal sex or has anorectal symptoms. If patient declines anal examination, refer patient for testing at sexual health centre.

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

Chlamydia is notifiable to the Victorian Health Department by laboratories.

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 in MSM, consider LGV. Refer to LGV treatment guidelines Refer to Proctitis treatment guidelines	Doxycycline is superior to azithromycin for anorectal chlamydia Azithromycin 1g PO, stat, and repeat 1 g PO in 12-24 hours.
Pelvic inflammatory disease	Refer to Pelvic inflammatory disease treatment guidelines	-
Epididymo-orchitis	Refer to Epididymo-orchitis treatment guidelines	-

Condition	Recommended	Comments
Pregnant women	Azithromycin 1g PO, stat	<p>Doxycycline is contra-indicated</p> <p>Other alternative antibiotics if azithromycin is contra-indicated:</p> <p>Amoxicillin 500mg PO, 3 times a day for 7 days OR Erythromycin ethylsuccinate (EES) 800mg PO, 4 times a day for 7 days OR Erythromycin ethylsuccinate (EES) 400mg PO, 4 times a day for 14 day</p>

Follow up

- Genital chlamydia - re-test at 3 months to exclude reinfection (reinfection rates are high)
- Pharyngeal chlamydial infections in MSM - re-test at 3 months
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.

Contact tracing & partner management

- 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 [Let Them Know](#). This website supports patients to notify partners and facilitates sending SMS and email messages to partners.
- Treatment for chlamydia is not routinely offered to asymptomatic individuals reporting contact with chlamydia because a proportion will be negative for chlamydia. However, treatment can be offered if the patient prefers, has symptoms, or is unlikely to return for the test result or treatment.
- 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 co-infection. 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.

Disclaimer

We recognise that gender identity is fluid. In our treatment guidelines, the words and language we use to describe genitals and gender are based on the sex assigned at birth.

The content of these treatment guidelines is for information purposes only. The treatment guidelines are generic in character and should be applied to individuals only as deemed appropriate by the treating practitioner on a case by case basis. Alfred Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines.-

The information contained within these treatment guidelines is provided on the basis that all persons accessing the treatment guidelines undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient. Responsible use of these guidelines requires that the prescriber is familiar with contraindications and precautions relevant to the various pharmaceutical agents recommended herein.