I.  DEFINITION:

Chlamydia is the most frequently reported infectious disease in the United States today. Chlamydial infection is often responsible for urethritis and cervicitis in sexually active adults and may result in serious sequelae such as epididymitis in males, and pelvic inflammatory disease, ectopic pregnancy and sterility in females. In addition to sexual transmission, this pathogen may be passed from mother to baby during birth. Congenital *C. trachomatis* infection can result in conjunctivitis and chlamydial pneumonia in the newborn.

II.  CLINICAL FEATURES:

A.  Males

1. Subjective reports when symptomatic (up to 50% of males may be asymptomatic)
   
   a. Dysuria.
   
   b. History of urethral discharge, usually of scanty or moderate quantity and clear or white to yellow in color. Male urethral discharge is considered abnormal so these clients should be presumptively treated.

2. Objective findings

   In some cases, a mucoid-to-purulent urethral discharge will be the only abnormality on examination.

B.  Females

1. Subjective reports when symptomatic (Up to 75-80% of females may be asymptomatic).

   a. Abnormal vaginal discharge.
   
   b. Irregular vaginal bleeding.
   
   c. Sexual intercourse accompanied by pain.
   
   d. Dysuria.

2. Objective findings on examination (many will be asymptomatic).

   a. Mucopurulent secretion from the endocervix is often white to yellow when viewed on a white, cotton-tipped swab.
   
   b. Cervical ectopy that is edematous, congested and bleeds easily (friability).

III.  MANAGEMENT PLAN:

A.  A physical exam is recommended for all clients.

1. Laboratory Studies - collect specimens for appropriate testing:

   a. **Females:** *Vaginal Swab is the preferred female specimen collection method when and where available.*

   b. Males: Urine is the preferred specimen from males.
2. Collect vaginal swab if product is available refer to vaginal swab specimen collection procedure for instructions. If vaginal swab testing is not available, collect urine specimen as mentioned under #3 laboratory options.

3. For family planning clients without an indication for a pelvic exam and for clients who refuse an exam, collect urine for *C. trachomatis* and *N. gonorrhoeae*. **Ensure client waits 1 hour after last voiding before providing urine specimen.**

4. Screening for HIV and Syphilis is recommended.

**B. Criteria for Treatment**

1. Any client that has a positive laboratory test for *Chlamydia trachomatis* from CHD, Private Physician, Hospital, or urgent care facility.

2. Treat any client that states he/she is a contact to a case of Chlamydia.

3. If client reports they are a contact to gonorrhea and oral or rectal chlamydia infection is suspected as the only site of infection, the nurse may treat client, however the client should follow up with their physician for further testing.

4. Any client who is symptomatic and may not return for test results should be treated using Physician Approved Protocols for Cervicitis or Urethritis.

**C. Choose ONE of these Treatment Options for Uncomplicated Urethral or Endocervical Infection in Adolescents and Adults**

**Option #1**  
Azithromycin* 1 g orally in a single dose

**OR**

**Option #2**  
Doxycycline** 100 mg orally twice daily for 7 days  
(Do not give Doxycycline during pregnancy)

**Treatment Notes:**

1. *Azithromycin* is contraindicated in clients with known hypersensitivity to Azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin).

2. **Doxycycline, ofloxacin, and levofloxacin are contraindicated in pregnant women.**

3. Regimens for pregnant/breastfeeding clients allergic to azithromycin
   
   a. Refer client to private physician for prescription.
   
   b. **NOTE:** Those County Health Departments that have an OSDH Maternity Clinic and are approved to order Maternity Program drugs may use Amoxicillin 500mg 3 times a day for 7 days.
   
   c. To maximize adherence for multi-dose regimens, the first dose should be dispensed on site and directly observed.

4. Treatment during Pregnancy: Published studies suggest azithromycin is safe and effective as treatment during pregnancy. Test of cure to document chlamydial eradication 3-4 weeks after completion of therapy is recommended because severe sequelae can occur in mothers and neonates if the infection persists. All pregnant women who have chlamydial infection diagnosed should be retested 3 months after treatment.

**D. Client Education**
1. Take prescribed oral medication appropriately.

2. Refer sex partner(s) for testing and treatment if they had sexual contact during 60 days preceding onset of symptoms. If the client’s last sexual contact was >60 days before onset or diagnosis, the most recent sex partner should be tested and treated.

3. Abstain from sex until both client and partner(s) have been treated AND
   a. 7 days after single dose regimen or
   b. After completion of 7 day regimen

4. Return for evaluation should symptoms persist or recur.

5. Advise all women with positive chlamydial test results to be rescreened 3-4 months after treatment due to high prevalence of reinfection. This is commonly due to sex partner not being treated or resumption of sex within a network of persons with high prevalence of infection. Repeat infection confers an elevated risk of PID and other complications.

6. Prevention measures (e.g. condoms) to prevent future infections.

E. Referral

1. Refer to private physician and child protective services if suspect sexual abuse in minor.

2. Refer to advanced practice nurse or private physician if PID is suspected as evidenced by pelvic tenderness and signs of lower genital tract inflammation.

3. Refer to private physician for treatment and follow up if the client reports a medication allergy or condition which prohibits them from taking the treatment options listed above.

F. Expedited Partner Therapy (EPT)

For adult clients with a positive test result: Offer EPT to adult clients who report their partners/contacts are adults and unable to access timely evaluation and treatment. EPT is not to be issued to a client who is a minor to take to their sex partners, and EPT cannot be issued for treatment of sex partners who are minors. See EPT Treatment Protocol for Gonococcal and Chlamydial infections.

G. Consultation Should Complications Occur

1. Notify DNM.

2. Refer to private physician and assist client in gaining access.

IV. FOLLOW-UP:

A. Rescreen pregnant women with chlamydial infection 3 weeks after completion of therapy.

B. Clients returning with continuing symptoms or possible reinfection, test again for Chlamydia no sooner than 3 weeks after completion of therapy. They may not be treated again without testing, because of continued presence of nonviable organisms, unless the only exposure was through performing oral sex or receptive anal sex.
REFERENCES:


Sexually Transmitted Infections and HIV: Clutterbuck, Dan