

CHLAMYDIA TRACHOMATIS (GENITAL)

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

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. Laboratory Studies-collect specimens for appropriate testing:

1. Collect urine for *C. trachomatis* and *N. gonorrhoeae*. Ensure client waits 1 hour after last voiding to give sample.
2. Blood test for HIV and Syphilis is recommended

- B. 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

Treatment Notes:

1. *Azithromycin

- Is contraindicated in clients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin).

2. **Doxycycline:

- Doxycycline, ofloxacin and levofloxacin are contraindicated in pregnant women.

3. Recommended 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. Criteria for Treatment

1. Any client that has a positive laboratory test for *Chlamydia trachomatis*
2. Treat any client that states he/she is a contact to a case of Chlamydia. These contacts must be tested at the same visit, and then treated.

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 day 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.

F. 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, unless the only exposure was through performing oral sex or receptive anal sex.

REFERENCES:

Centers of Disease Control and Prevention (2010), 2010 Guidelines for Treatment of Sexually Transmitted Diseases. MMWR Recommendations and Reports December 17, 2010 / Vol. 59 / No. RR-12
Sexually Transmitted Infections and HIV: Clutterbuck, Dan

