Chlamydia

**TEST IF:**
- Sexually active under 30 years
- OR more than 2 sexual contacts in last year
- OR has had an STI in past 12 months
- OR has a sexual contact with an STI
- Pregnant
- Increased risk of complications of an STI, e.g. pre-termination of pregnancy (TOP)
- Signs or symptoms suggestive of chlamydia:
  - **Females:** Vaginal discharge / dysuria / lower abdominal pain / abnormal bleeding / anal pain or discharge
  - **Males:** Urethral discharge / dysuria / testicular pain or swelling / anal pain or discharge
- Requesting a sexual health check

**Note:** Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis). False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines).

**RECOMMENDED TESTS**
- It is recommended to test for co-existing STIs (see Sexual Health Check guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines))
- **Females:**
  - A self-collected vulvovaginal NAAT swab if asymptomatic, examination declined and no other tests required
  - A vulvovaginal NAAT swab prior to a speculum examination and other STI swabs if symptomatic or needs examination
  - Additional anorectal NAAT swab as indicated based on sexual history
  - **Note:** A first void urine has lower sensitivity in females than cervical or vaginal swabs so is not specimen of choice
- **Males:**
  - A first void urine (first 30ml), preferably a 1 hour after last void
- **Men who have Sex with Men:**
  - Additional pharyngeal and anorectal NAAT swabs irrespective of reported sexual practices or condom use, as asymptomatic pharyngeal and rectal infection is common

**Treat immediately if high index of suspicion, e.g. symptoms and/or signs, or contact of index case.**
- Start treatment for patient and sexual contact(s), without waiting for lab results

**MANAGEMENT**
- Azithromycin 1g po stat (pregnancy category B1) – for asymptomatic urogenital infection
- Doxycycline 100mg po twice daily for 7 days (NOT in pregnancy) – for symptomatic urethritis, rectal, pharyngeal or eye infection, or if patient is on QT-prolonging medication ([www.medsafe.govt.nz/profs/PUArticles/DrugInducedQTProlongation.htm](http://www.medsafe.govt.nz/profs/PUArticles/DrugInducedQTProlongation.htm))
- If anorectal symptoms and a positive chlamydia test, refer or discuss with a sexual health specialist as LGV proctitis requires further testing and doxycycline 100mg po twice daily for 21 days
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact(s) have been treated

**PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS**
- Be clear about language: ‘partner’ implies relationship – all sexual contacts in the last 3 months should be notified
- Contact(s) should have a sexual health check and treatment for chlamydia with azithromycin 1g po stat, without waiting for test results
- If contacts test positive for an STI refer to specific guideline [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines)
- Advise contact(s) to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- Most choose to tell contact(s) themselves, giving written information is helpful
- Notifying all contacts may not be possible e.g. if there is insufficient information or a threat of violence

**FOLLOW-UP**
- By phone or in person, 1 week later
- No unprotected sex in the week post-treatment?
- Completed/tolerated medication?
- Notifiable contact(s) informed?
- Any risk of re-infection? Re-treatment necessary if re-exposed to untreated contact
- Test of cure only needed if pregnant, extragenital infection or continuing symptoms
- Diagnostic tests can detect traces of dead organisms – wait at least 5 weeks before retesting
- Re-infection is common; offer repeat sexual health check in 3 months