# Chlamydia Infection
## Cervix, Urethral, Oropharyngeal or Rectal

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| **DEFINITION** | Chlamydia infection is the most frequently reported infectious disease in the United States. Prevalence is highest in persons ≤24 years. It can result in pelvic inflammatory disease, infertility, ectopic pregnancy, preterm labor, neonatal conjunctivitis and pneumonia. Annual screening of all sexually active women aged <25 is recommended as is screening of older women at increased risk for infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection. Evidence is insufficient to recommend routine screening for men. The screening of sexually active men should be considered in clinical settings with a high prevalence of chlamydia or in populations with high burden of infection (MSM). Chlamydia is currently considered a reportable disease in the state on North Dakota. |
| **SUBJECTIVE** | May include:<br>1. No symptoms (common among both men and women).<br>2. Inconsistent condom use.<br>3. New sexual partner(s).<br>4. Vaginal discharge, penile discharge, or urethral erythema.<br>5. Dysuria or urinary frequency.<br>6. Recently confirmed gonorrhea or other STD.<br>7. Sexual partner with a history of non-gonococcal urethritis, epididymitis or prostatitis, or chlamydia.<br>8. Sexual partner with symptoms of dysuria, testicular pain, or recent penile discharge.<br>9. Pelvic pain, post-coital bleeding, or changes in menses. |
| **OBJECTIVE** | May include:<br>1. Erythematous or friable cervix.<br>2. Mucopurulent discharge from the cervix.<br>3. Mild tenderness on compression of the cervix.<br>4. Cervical motion tenderness. (Positive Chandelier Sign)<br>5. Adnexal or uterine tenderness.<br>6. Urethral erythema or penile discharge.<br>Consider differential diagnosis of:<br>7. Pyelonephritis with fever, tachycardia, CVA tenderness.<br>8. PID with cervical motion tenderness, adnexal tenderness, and lower abdominal tenderness.<br>9. Epididymitis with scrotal swelling. |
| **LABORATORY** | Must include:<br>1. Chlamydia test<br>May include:<br>1. Wet mount with >10 WBC/HPF<br>2. Vaginitis/STI screening |
| **ASSESSMENT** | Chlamydia infection of cervix, urethra, rectum, or oropharynx; known or suspected. |
| **PLAN** | 1. For non-pregnant, non-breastfeeding clients, treatment options include:<br><u>Recommended Regimens:</u><br>Doxycycline 100 mg orally twice a day for 7 days.<br>**(most efficacious for rectal and oropharyngeal infections)**<br><u>Alternative Regimens:</u><br>Azithromycin 1 g orally in a single dose **OR**<br>Levofloxacin 500 mg orally once daily for 7 days<br>2. For pregnant or breastfeeding clients, options include:<br><u>Recommended Regimens:</u> |

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| | Azithromycin 1 g orally in a single dose<br>Alternative Regimens:<br>Amoxicillin 500 mg orally three times a day for 7 days<br>3. Screen for other STIs as appropriate.<br>4. The most recent sexual partner(s) should be evaluated and treated per CDC guidelines.<br>5. Clients who have chlamydia infection and also are infected with HIV should receive the same treatment regimen as those who are HIV negative.<br>~~6.~~ Except in pregnant women, test-of-cure (i.e.: repeat testing 3-4 weeks after completing therapy) is not advised unless therapeutic compliance is in question, symptoms persist, reinfection is suspected.<br>7. The use of chlamydia NAATs at <3 weeks after completion of therapy is not recommended because the continued presence of nonviable organisms can lead to false-positive results.<br>8. Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment, regardless of whether they believe that their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12-month period following initial treatment.<br>9. Pregnant women:<br>a. Repeat testing to document Chlamydia eradication 3-4 weeks after completion of therapy. In addition, all pregnant women who have chlamydia infection diagnosed should be retested 3 months after treatment.<br>b. Women <25 years and those with increased risk for Chlamydia should be retested during the 3rd trimester. |
| **CLIENT EDUCATION** | 1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects.<br>2. Advise to avoid intercourse until client and partner(s) complete treatments, e.g., 7 days after single dose regimen or after completion of 7-day regimen.<br>3. Stress necessity of treating sexual partner(s). Among heterosexual patients, patient delivery of antibiotic therapy to their partners may be considered if concerns exist that sexual partners will not seek services. (See Reproductive Diseases: RD-3 Expedited Partner Therapy)<br>4. Advise client to seek immediate medical care if she develops fever or chills, severe abdominal pain, or other symptoms of PID.<br>5. Review safer sex education, as appropriate.<br>6. Recommend client return to clinic as needed or if symptoms reoccur.<br>7. Review with client when re-testing is advised |
| **CONSULT/ REFER TO PHYSICIAN** | 1. Clients whose symptoms or signs do not resolve following treatment. |

**References:**

1. https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
2. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrazzo J, Kowel D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp 588,585,610-611