

# WESSEX SEXUAL HEALTH NETWORK

## GUIDELINES FOR THE MANAGEMENT OF *CHLAMYDIA TRACHOMATIS* GENITAL INFECTION



HPA South West



South West Regional Public Health Group



GUIDELINES FOR THE MANAGEMENT OF *CHLAMYDIA TRACHOMATIS* GENITAL INFECTION

### Introduction

This document is intended to give guidance to NHS staff in the South West of England on testing for and management of *Chlamydia trachomatis* genital infection, regardless of the venue to which the service user presents. The aim is to develop a uniformly high standard of care throughout primary care, community clinics and secondary care. The details of how this can be achieved locally should be by the development of appropriate local care pathways, which should also take account of the prevalence of other infections (such as gonorrhoea). The advice given refers to testing for

clinical need, and will be updated when a national screening programme is introduced.

### Sources

- BASHH National Guidelines for the management of *Chlamydia trachomatis* genital infection
- North West Regional Sexual Health Taskforce Chlamydia Management Framework
- South West GP Microbiology Laboratory User Group Guidelines for diagnosis of Chlamydia
- South West Regional STI Task Group Guidelines for the management of *Chlamydia trachomatis* genital infection

## Whom to test

### A. Those with symptoms or signs suggestive of chlamydia

#### Women

- suspected or proven PID (pelvic pain and tenderness)
- deep dyspareunia
- menstrual abnormalities (eg recent dysmenorrhoea or menorrhagia, post-coital or intermenstrual bleeding)
- vaginal discharge
- inflamed or friable cervix bleeding on contact while taking swabs or cervical smear
- urethral syndrome (frequency and dysuria with negative MSU)
- tubal infertility, ectopic pregnancy
- reactive arthritis

#### Men

- urethral discharge dysuria (frequency suggests a UTI)
- urethritis
- epididymitis
- reactive arthritis

### B. Asymptomatic patients who may be at risk

- sexual partners of those with known chlamydia
- sexual partners of those with suspected chlamydia (eg PID or epididymitis)
- all patients with another STI, including genital warts
- men and women attending a GUM clinic
- women seeking termination of pregnancy
- women undergoing instrumentation of the uterus (eg IUCD insertion)
- parents of babies with chlamydial conjunctivitis or pneumonitis
- semen and egg donors
- sexually active men and women under the age of 25 *where funding for opportunistic testing is available*

## How to test

All samples should be tested using a nucleic acid amplification test.

Check with your local laboratory regarding collection, storage, and transport of specimens.

### Women

- Endocervical swab if undergoing speculum examination
- First void urine sample if not undergoing speculum examination
- A self-taken vaginal swab is an alternative if unable to pass urine

### Men

- First void urine sample
- Best tested having held urine for at least 1 and preferably more than 2 hours

## Consider testing for other STDs

Testing is recommended in

- Patients with proven chlamydia infection
- Symptomatic or high risk patients (eg high local prevalence of gonorrhoea, multiple sexual partners)

## Give appropriate antibiotics

In patients with signs or symptoms strongly suggestive of chlamydia, start treatment without waiting for laboratory confirmation, and ensure that steps are taken to treat the sexual partner(s).

## Treatment of uncomplicated infection

### Women

*First-line treatment:*

- Doxycycline 100mg bd PO for 7 days **or**
  - Azithromycin 1g PO stat (*if adherence in doubt*)
- If pregnant, pregnancy risk, or breast feeding\*:*
- Erythromycin 500mg bd PO for 14 days **or**
  - Amoxicillin 500mg tds PO for 7 days

### Men

- Doxycycline 100mg bd PO for 7 days **or**
- Azithromycin 1g PO stat (*if adherence in doubt*)

## Treatment of complicated upper genital tract infection (PID, epididymitis)

### Women

*First-line treatment:*

- Doxycycline 100mg bd PO for 14 days + Metronidazole 400mg bd PO for 14 days + Ceftriaxone 250mg IM stat
- Ofloxacin 400mg bd PO for 14 days + Metronidazole 400mg bd PO for 14 days

*NB avoid in patients at high risk of gonococcal PID – risk of resistance*

*If pregnant, pregnancy risk, or breast feeding\*:*

- Erythromycin 500mg bd PO for 14 days + Metronidazole 400mg bd PO for 14 days + Ceftriaxone 250mg IM stat

### Men

- Doxycycline 100mg bd for 14 days **or**
- Ofloxacin 200mg bd for 14 days

## When to refer or seek expert advice

Urgent referral to gynaecology:

- Acute, severe PID or lack of response to treatment in women
- Pelvic pain in pregnant or possibly pregnant women

Referral to GUM:

- Complicated upper genital tract infection (do not delay starting treatment)
- Intolerance of treatment
- Doubt about diagnosis (eg equivocal test results, atypical symptoms)
- Persistent symptoms following treatment
- Difficulty with contact tracing

## Partner notification

- All current sexual partners should be treated whether they are chlamydia positive or not.
- Also attempt to contact any other sexual partners within the last 6 months, or the most recent partner if over 6 months.
- Support from a trained Nurse or Health Adviser is strongly recommended. If not available, or partners cannot attend a GUM clinic, make use of a partner notification slip (attached).
- Treating partners without testing is not ideal as the opportunity for further contact tracing is lost

## Patient information / Health promotion

- Provide verbal and written information about chlamydia, other STIs, and safer sex.
- Advise abstaining from intercourse until both the patient and partner have completed treatment.

## Follow-up

- To confirm adherence to treatment, resolution of symptoms, and outcome of partner notification.
- For complicated infection, follow-up should be at 2 weeks (or earlier if symptoms are severe). Further treatment or referral may be needed if symptoms persist (seek expert advice).
- Re-treatment may be needed if patients have had unprotected sex with an untreated partner.
- Treatment with doxycycline or azithromycin: national guidelines recommend that a test of cure is not necessary, providing the patient has completed the treatment and is not at risk of re-infection.

*\*Treatment with erythromycin or amoxicillin: these are not reliable and a test of cure should be performed at 3 to 4 weeks after completing treatment .*

### Instructions to contact:

You have had sex with somebody who has an infection which can be passed on through sexual contact. As most of these infections do not cause symptoms, it is important that you are tested and receive treatment, even if you feel well. We recommend that you do not have sex again until you have been tested and treated.

Please attend either:

- Your local GUM clinic (telephone NHS Direct 0845 46 47 for your nearest clinic) **or**
- Your GP

Please give slip(s) to your patient, asking that they pass it on to any person they have had sex with in the previous 6 months (or the most recent partner if over 6 months).

Patient code / initials: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions to contact:

You have had sex with somebody who has an infection which can be passed on through sexual contact. As most of these infections do not cause symptoms, it is important that you are tested and receive treatment, even if you feel well. We recommend that you do not have sex again until you have been tested and treated.

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### Instructions to issuing practice / clinic:

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### Instructions to practice / clinic who see and treat contact:

- Please screen the contact as appropriate; however as current tests are unreliable, empirical treatment should be given even if the results are negative.
- Telephone your local Dept of GUM for advice if needed
- If local arrangements are in place, inform the Community Sexual Health Adviser that the contact has been treated.

Infection(s) (please tick)	Recommended treatment for contact:
Chlamydia	Doxycycline 100mg bd x 1 week <i>or</i> Azithromycin 1g stat
Non-specific urethritis (NSU)	Doxycycline 100mg bd x 1 week <i>or</i> Azithromycin 1g stat
Pelvic inflammatory disease (PID)	Doxycycline 100mg bd x 1 week <i>or</i> Azithromycin 1g stat
Epididymitis	Doxycycline 100mg bd x 1 week <i>or</i> Azithromycin 1g stat
Trichomoniasis	Metronidazole 2g stat
Gonorrhoea	Seek advice

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Trichomoniasis	Metronidazole 2g stat
Gonorrhoea	Seek advice

## Genitourinary Medicine Clinics in Wessex

Town / City	Site of Clinic	Telephone
Basingstoke	The North Hampshire Hospital	01256 313333
Bournemouth	Royal Bournemouth Hospital	01202 704537
Guernsey	The Orchard Centre, St Martins	01481 232626
Isle of Wight	St Mary's Hospital	01983 534958
Portsmouth	St Mary's Hospital	023 9286 6796
Salisbury	Salisbury District Hospital	01722 410069
Southampton	Royal South Hants Hospital	023 8082 5438
Weymouth	Weymouth Community Hospital	01305 762682
Winchester	Royal Hampshire County Hospital	01962 824269

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