

**Consider a Chlamydia test if: -**

- There are signs or symptoms suggestive of Chlamydia
- There are increased risks of complications eg pre-TOP / IUD insertion
- There is greater risk / higher prevalence eg sexually active under-25 year olds or > 2 partners in past year or has had an STI in last 12 months or a sexual partner has an STI

**Female:** IMB / PCB / pelvic pain / vaginal discharge / dysuria (urethritis)

**Male:** Dysuria / discharge / testicular pain (sexually active young men, STIs >> UTIs)

**Think about other STIs in anyone with symptoms or if there are increased risks of complications**

**Testing**

Verbal consent, information leaflet, getting results

**Samples for NAAT tests**

**Female:** a cervical swab if undertaking a speculum examination. If asymptomatic & no other tests / examination unnecessary, a self-taken vaginal swab or a first catch urine,

**Male:** first catch urine (>1 hour since last passed urine, does not have to be early morning urine)

If high index of suspicion, start treatment for patient and sexual partner(s) without waiting for lab results

Laboratory

Positive

Negative

Safe(r) sex advice and offer condoms

**Management**

- Treatment takes 1 week to work
- Advise to avoid having sex, or use a condom, for 7 days after their treatment and/or 1 week after their partner(s)' treatment even if treated at the same time

**Treatment:**

- Azithromycin 1g stat – not yet licensed in pregnancy but widely used
- Or Doxycycline 100mg BD 7days – not in pregnancy
- Or Erythromycin 500mg QDS 7 days

**Partner/contact management:**

- Be clear about language; 'partner' implies a relationship – all sexual contacts in the last 60 days should be advised so they can be tested & treated.
- Contacts should be treated without waiting for their test results but ideally should be tested too; if positive, then their recent contacts need to be informed as well
- Most choose to tell contacts themselves; giving written information for partners is helpful
- Notifying all contacts may not be possible eg if there is insufficient information or a threat of violence

**Follow-up (phone or in person) 2-4 weeks later:**

- No unprotected sex during treatment?
- Completed/tolerated medication?
- All partners treated?
- Any risk of re-infection?
- Test of cure only needed if pregnant (treatment may be less effective in pregnancy)
- NAAT tests can detect traces of dead organisms – wait at least 5 weeks
- Re-infection is very common; offer repeat Chlamydia test in 3-6 months

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| Jane Morgan | Sexual Health | September 2009 | September 2012 |