

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Chlamydia Testing and Management: A Framework for Derbyshire

Scope of document

These guidelines are intended to support Primary Care practitioners in the management of Chlamydia infection in patients diagnosed via General practice.

It is strongly advised that any patient diagnosed with Chlamydial infection is referred to the Integrated Sexual Health Service for contact tracing and partner notification.

Who to test for Chlamydia infection

a) Within the National Chlamydia Screening Programme via the Integrated Sexual Health Service and key partners:

- The proactive offer of a chlamydia test to young people without symptoms should focus on young **women under 25**, this includes people with a womb and/or ovaries irrespective of gender. This is because of the reproductive harm of untreated infection in young women
 - Women should be opportunistically screened each year and at each change of sexual partner.
 - **Young men will not be** proactively offered a test unless an indication has been identified, such as a partner of someone with chlamydia (regardless of age) or having symptoms.

For more information, patients can visit www.yoursexualhealthmatters.org.uk, alternatively, test kits can be requested from our online service SH24: <https://sh24.org.uk/>
(National Chlamydia Screening Programme 2022)

b) Outside of National Chlamydia Screening Programme:

- Screening upon patient request
- opportunistic screening of sexually active men under the age of 25
- Patients aged 25+ who have had more than 2 partners in last 6 months
- Patients aged 25+ who have had a change of sexual partner
- Symptomatic patients (see presenting symptoms section below)

Presenting Symptoms

(British Association for Sexual Health and HIV BASHH 2015)

Majority of men and women are asymptomatic

Women	Men
• Increased vaginal discharge	• Urethral discharge [#]
• Abnormal vaginal bleeding, Inter-menstrual bleeding (IMB), Post-coital bleeding (PCB)	• Dysuria [#]
• Pelvic Inflammatory Disease (PID)/low abdominal pain	• Urethritis
• Inflamed/ friable cervix	• Epididymo-orchitis
• Tubal infertility/ ectopic	• Reactive arthritis
• Reactive arthritis	# Onward referral to specialist STI services is appropriate.
• Dysuria	
• Deep Dyspareunia	
• Conjunctivitis (male and female)	

When else to test

- Partners of those with Chlamydia or PID or Epididymo-orchitis
- All patients with another STI
- Pre Intrauterine Device (IUD)/ Intrauterine System (IUS) if sexual history indicates high risk of STI
- Mothers of babies with Chlamydia conjunctivitis
- Pre Termination of Pregnancy (TOP)
- Semen and egg donors or pre-IVF
- Any patient on request

Which sample?

Women	Men
• An endocervical or vulvovaginal swab if having a VE	• First void urine – 15ml more than 1 hour

(vaginal examination) or • Self-taken vaginal swab	after last passed urine (PU)
Sex workers and Men who have Sex with Men (MSM) – also require pharyngeal and rectal swabs. Onward referral to Integrated sexual health service is recommended. MSM need testing for lymphogranuloma venereum (LGV) if positive for rectal chlamydia and will need appropriate longer treatment	
Starting Treatment	
Which antibiotic? (Treatment is free in Specialist STI service and on FP10s endorsed with 'FS' against the item - see Drug Tariff part XVI 'notes on charges' for further information)	
Uncomplicated infection	1 st line- 1st line- Doxycycline 100mg bd 7 days 2 nd line- Azithromycin 1g stat then 500mg od for 2 days After treatment with azithromycin, patients should abstain from sexual activity for one week (BASHH 2015)
Risk of Pregnancy	Azithromycin 1g stat then 500mg od for 2 days , but <i>important to discuss</i> with woman as unlicensed for use in pregnancy. Azithromycin is <i>associated</i> (note- not proven causation) with risk of spontaneous abortion; however, it is better tolerated and more effective than other antibiotics. See BASHH statement Or Erythromycin 500mg qds for 7 days Or Erythromycin 500mg bd for 14 days Or Amoxicillin 500mg tds 7 days (this regime has a lower cure rate than others - use only if unable to tolerate Erythromycin)
Suspected Chlamydial PID^x	IM ceftriaxone 1000mg stat plus Doxycycline 100mg bd 14 days and Metronidazole 400mg bd 14 days (consider 7 days if significant side effects) or Ofloxacin** (if no psychiatric history) 400mg bd 14 days and Metronidazole 400mg bd 14 days (consider 7 days if significant side effects) <i>Ofloxacin/moxifloxacin should be avoided in patients who are at high risk of gonococcal PID due to increased quinolone resistance</i>
Epididymitis/orchitis^x	Doxycycline 100mg bd for 10 to 14 days Or Ofloxacin** 200mg bd for 14 days Or Ciprofloxacin** 500mg bd for 10 days [updated 2019]
^x If Gonorrhoea suspected or a risk, refer to Specialist STI service	
** MHRA 2019- Disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics. Avoid in people who have previously had serious side effects and use with caution in those over 60 years, those taking a corticosteroid, and people with kidney diseases and those who have had an organ transplant.	
Partner Notification	
Support from trained health advisors is strongly recommended (contact details below) (Society of Sexual Health Advisers 2004)	
Symptomatic	Asymptomatic
All partners from 4 weeks prior to the development of symptoms	All partners in the last 6 months
Follow up – depends on the treatment given	
Test of Cure (TOC) is not routinely recommended following completion of treatment; but should be performed in pregnancy due to lower cure rate or where LGV or poor compliance is suspected, where symptoms persist, and in rectal infection. TOC, if appropriate, should be performed at least 3 weeks after end of treatment. Repeat testing (for re-infection) should be performed 3-6 months after treatment in under 25 year olds diagnosed with chlamydia due to higher risk of subsequent positive testing. Repeat testing may be considered if over 25 and high risk of re-infection. Sexual Health service is responsible for follow ups and repeat testing. (British Association for Sexual Health and HIV BASHH 2015)	
Please give patient leaflets about Chlamydia. These are available via the National Chlamydia Screening Programme page: https://www.gov.uk/government/publications/ncsp-patient-information-leaflets	
Further advice/support	
Integrated Sexual Health Service can provide you with advice by contacting the service via the central booking and information line on 0800 328 3383	

Document control	Date

References

British Association for Sexual Health and HIV (2019) Standards for the management of sexually transmitted infections <https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/>

British Association for Sexual Health and HIV (2010) Chlamydia trachomatis UK Testing Guidelines. <http://www.bashh.org/documents/3352.pdf> update Dec 2018

British Association for Sexual Health and HIV (2018) UK national guideline for management of PID. updated Sep 2019

<https://www.bashhguidelines.org/current-guidelines/systemic-presentation-and-complications/pid-2019/>

British Association for Sexual Health and HIV (2015) UK National Guideline for the management of infection with Chlamydia Trachomatis. update Dec 2018 <https://www.bashhguidelines.org/current-guidelines/urethritis-and-cervicitis/chlamydia-2015/>

National chlamydia screening programme standards (eighth edition) 2022

<https://www.gov.uk/government/publications/ncsp-standards>