

CHLAMYDIA – guide to testing and clinical management

Who should be tested?

People with any of the following risk factors should be tested if:

- aged 16–29 years
- recently changed sexual partners or had more than one sexual partner in the past six months
- not using condoms every time they have sex and not in a long-term monogamous relationship
- sexual partner has had an STI or symptoms of an STI.

How to test?

Males with no symptoms

Collect 20ml first void urine for chlamydia PCR¹ and store in refrigerator until transported to the laboratory. (NOTE: First void urine is the first amount of urine passed – not a midstream sample, and not necessarily an early morning sample.)

Females with no symptoms

Self-obtained low vaginal swab (SOLVS) for chlamydia PCR¹ or endocervical swab for chlamydia PCR. If collecting a Pap smear, chlamydia PCR can be requested on a Thin Prep specimen or cytobrush/Cervex brush. (For directions on how to collect a SOLVS go to www.couldihaveit.com/professionals.asp and click on 'Collecting a SOLVS'.)

Men or women who have had receptive anal or oral sex

Collect rectal or throat swab for chlamydia PCR¹ as appropriate.

Patients with STI symptoms

(e.g. dysuria, vaginal or urethral discharge, abnormal vaginal bleeding, pelvic pain)

Refer to the *Guidelines for managing sexually transmitted infections: a guide for primary health care providers*. This is available free of charge from the Communicable Disease Control Directorate, Department of Health or at: www.public.health.wa.gov.au/3/634/3/guidelines_for_managing_sexually_transmitted_infec.pm

If chlamydia test is negative:

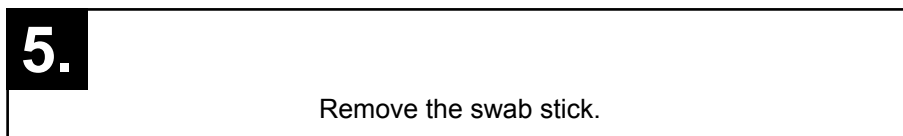
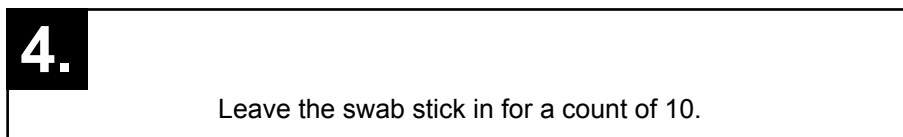
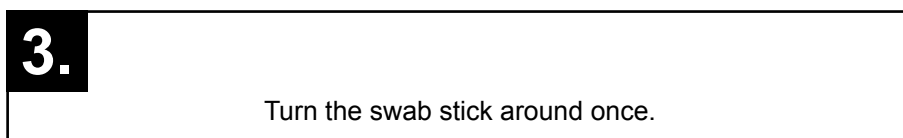
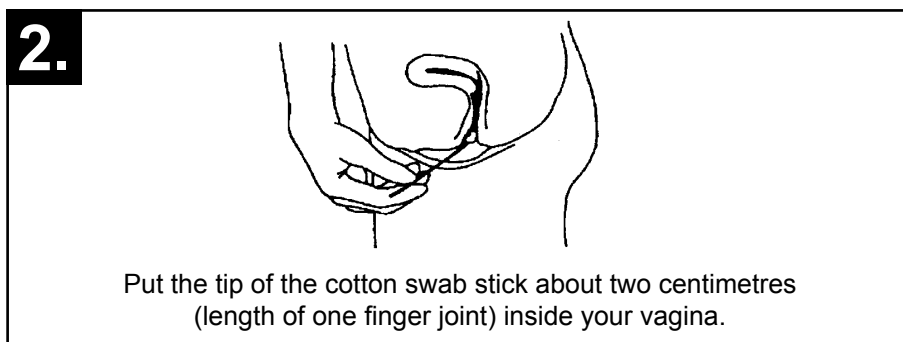
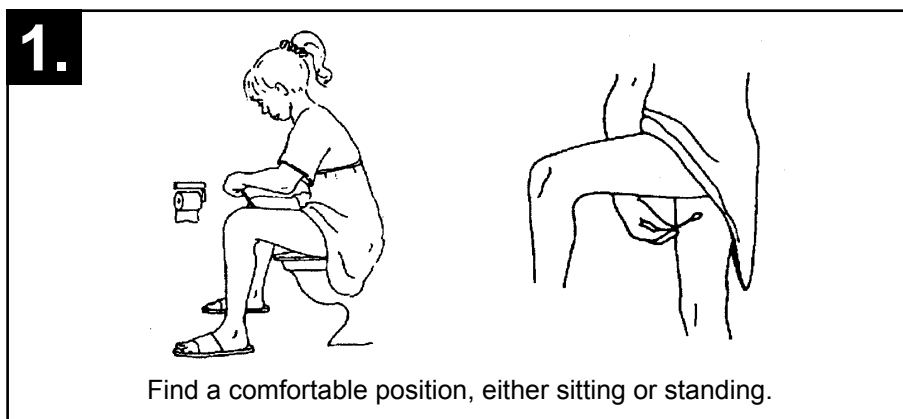
- advise about safe sex
- recommend re-testing if they change partners or after unprotected sex with a new partner.

If chlamydia test is positive:

- take a full sexual history, including a sexual contact history
- recommend a genital examination, including a speculum and bimanual examination (to exclude PID) in females
- offer testing for gonorrhoea (if not already done) and hepatitis B, HIV, syphilis and other STIs as clinically indicated
- treat with azithromycin 1g orally, as a single dose
- educate – advise the patient to avoid having sex or practise safe sex for one week (and until after partner treated); advise patient about the three month window period for hepatitis B, HIV and syphilis
- initiate contact tracing of sexual partners
- review after three months, re-test for chlamydia and offer repeat testing for hepatitis B, HIV and syphilis.

¹ Many, but not all, laboratories will automatically test for gonorrhoea when a chlamydia PCR is requested. Testing for gonorrhoea also is recommended, with the consent of the patient. Check with your lab, so that you can request the appropriate tests and inform your patients accordingly.

How to take your own swab for a SOLVS PCR test



Diagrams courtesy of Kimberley P.H.U.

Please photocopy this page as needed.

Contact tracing (also called partner notification)

Contact tracing involves finding and informing the contacts of a person with an infection so they can get information, testing and treatment. A contact is anyone with whom a patient with an STI has had unsafe sex. In the case of chlamydia this is generally unprotected vaginal or anal sex, and sometimes oral sex.

Contact tracing is important because it:

- helps stop patients who have been treated from getting the infection back again from their partner(s)
- helps stop the spread of infection in the community – most people with chlamydia don't know they have it and so can unknowingly spread it to others
- reduces the risk of complications in someone who might not otherwise know they had chlamydia.

Who is responsible for contact tracing?

General practitioners, nurses and other clinical staff treating patients with STIs; disease control staff in population health units; and patients all have responsibilities for contact tracing.

How is contact tracing done?

1. If you have diagnosed a patient with chlamydia, discuss the importance of notifying partners. Ask them to name their sexual contacts from the past three months. If there have not been any contacts in this period, go back to their most recent contact.
2. Make it as easy as possible for your patient to inform their contacts. A sample partner notification letter to give contacts is provided at www.couldihaveit.com/professionals.asp then click on 'Partner notification letter'. Patients may prefer to phone or text message, and/or direct their contacts to www.couldihaveit.com/youcouldhaveit.asp
3. Check with your patient whether there are any contacts whom they would like you or another health professional to inform. Obtain all relevant contact details (full name, age, address, phone number). If possible, you or the practice nurse should notify these contacts, particularly in the Perth metropolitan area. Refer any remaining contacts to the appropriate Population Health Unit (see below). Contact tracing is voluntary and confidential (health professionals will not disclose either the patient's name or any identifying information to the contact). *(Please note: There is currently very little capacity for contact tracing for chlamydia in Population Health in the metropolitan area. Please only use this resource if you have particular concerns, e.g. pregnancy or high transmitter.)*
4. The patient or health professional should inform the contact that they could have the infection and that they need to see a doctor to get tested and treated as soon as possible.

For more information

Contact your local Population Health Unit.

South Metro (08) 9431 0200	North Metro (08) 9380 7758
Albany (08) 9842 7500	Geraldton (08) 9956 1985*
Broome (08) 9194 1630	Kalgoorlie-Boulder (08) 9080 8200*
Bunbury (08) 9781 2350	Northam (08) 9622 4320
Carnarvon (08) 9941 0560*	South Hedland (08) 9172 8333*

*These population health units provide clinical services.

CHLAMYDIA

Most people haven't got a clue

www.couldihaveit.com.au

Dear

You have been given this letter because it is likely that you have been exposed to chlamydia, a sexually transmitted infection.

Chlamydia is very common and easily treated. Most people with chlamydia have no symptoms. It can have significant consequences for both men and women if left untreated.

It is important for you to have a sexual health check-up as soon as possible with your usual doctor or a sexual health clinic. In the meantime, do not have vaginal, anal or oral sex without using a condom.

If you would like more information about chlamydia, go to www.couldihaveit.com and click on 'Chlamydia'. Click on 'All about testing' for a list of clinics.

Please take the information below this line to your doctor.

CONFIDENTIAL

Date: ___/___/_____

Dear Doctor

A partner of your patient has had a positive test for Chlamydia trachomatis.

Guidelines recommend that contacts of confirmed cases of chlamydia should be investigated for chlamydia and other sexually transmitted infections and receive immediate treatment for chlamydia (i.e. without waiting until the results of tests are available).

Chlamydia can infect the cervix, urethra, rectum or throat depending on sexual practices.

The current recommendation for treatment of uncomplicated chlamydia is:

- Azithromycin 1g as a single dose.

If the test results come back positive, please note that chlamydia is a notifiable infection and ensure that further contact tracing is undertaken. If you would like more information about testing and clinical management of chlamydia, go to www.couldihaveit.com/professionals.asp

Retesting in three months is recommended as re-infection with chlamydia is common. Consider (re)testing for other STIs also.

For further information about the management of sexually transmissible infections, see the *Guidelines for Managing Sexually Transmitted Infections*, available at www.public.health.wa.gov.au/3/634/3/guidelines_for_.pm

Thank you.