

Screening, Diagnosis and Treatment of Chlamydia



Screening for Chlamydia

Screen all sexually active females 25 years of age and under annually for chlamydia, consistent with U.S. Centers for Disease Control and Prevention and U.S. Preventive Services Task Force guidelines, as well as HEDIS performance measurement expectations. Use nucleic acid amplification technology tests for screening. These tests can be performed using urine specimens, allowing chlamydia screening even if a pelvic or genital exam is not being done.

Treatment of Chlamydia Infections

General Principles

1. To maximize compliance with therapy, medications for chlamydia infections should be dispensed on site, if possible.
2. To minimize further transmission of infection, patients treated for chlamydia should be instructed to abstain from sexual intercourse for 7 days after single dose therapy or until completion of a 7-day regimen.
3. To minimize the risk of reinfection, patients should also be instructed to abstain from sexual intercourse until 7 days after all of their sexual partners are treated.
4. Azithromycin is probably more cost-effective in populations with poor drug compliance, little follow-up or erratic health care seeking behavior, as it provides the opportunity for single-dose, directly observed therapy.

5. Azithromycin is approved for use in persons of all ages including adolescents and children and may be particularly beneficial for use in treating adolescents (traditionally a non-compliant population). Doxycycline has the advantage of low cost and a longer history of use.
6. All sexual partners within the last two months should also be evaluated, tested and treated. Female partners, especially, should be seen and evaluated for signs and symptoms of PID.
7. All patients diagnosed with chlamydia are required to be reported to the local health department of the jurisdiction where the patient resides.
8. Patients testing positive for chlamydia should be tested for other sexually transmitted diseases including syphilis, gonorrhea and HIV. In patients where other sexually transmitted diseases are initially diagnosed, a chlamydia screen should be obtained.
9. Because chlamydia reinfection is common, ranging from 10.5% to 38%, several authors have recommended that patients be rescreened 10 weeks to 6 months after treatment.

Treatment of Chlamydia Infections in Non-Pregnant Females and Males

Uncomplicated chlamydia infection (Asymptomatic and Symptomatic)

Recommended Regimens:

Azithromycin 1 g p.o. in a single dose

or

Doxycycline 100 mg p.o. BID for 7 days

Alternative regimens: For patients allergic to Azithromycin or Doxycycline, alternatives are Ofloxacin 300 mg p.o. BID for 7 days or Erythromycin base* 500 mg p.o. QID for 7 days or Erythromycin ethylsuccinate* 800 mg p.o. QID for 7 days.

* Test of cure is recommended 3 weeks after treatment with erythromycin because of lower efficacy.