

Chlamydia – testing and clinical management

Who should be tested?

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

- 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
- not in a long-term monogamous relationship
- sexual partner has had an STI or symptoms of an STI
- pregnant women at their booking antenatal visit.

How to test?

Males with no symptoms

Collect 20ml first void urine for chlamydia PCR¹ and store in refrigerator until transported to the laboratory.

Please 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) or endocervical swab for chlamydia PCR¹. If collecting a Pap smear, chlamydia PCR¹ 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

For patients with STI symptoms (e.g. dysuria, vaginal or urethral discharge, abnormal vaginal bleeding, pelvic pain) please refer to the *Guidelines for managing sexually transmitted infections: a guide for primary health care providers*. This can be viewed at: www.silverbook.health.wa.gov.au

If the chlamydia test is negative:

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

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.

CHLAMYDIA

Most people haven't got a clue

www.couldihaveit.com.au

If the 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), 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.