

Chlamydia in Nonpregnant Adolescents and Adults – Clinician Guide



Background¹

- 1.5 million new *Chlamydia trachomatis* (chlamydia) infections occur a year.²
- Chlamydia is the most commonly reported bacterial communicable disease.
- Chlamydia infections are often asymptomatic in men and women.
- Chlamydia urethritis in men may cause dysuria, urethral pruritis, and mucoid, mucopurulent, or purulent discharge.³
- Cervicitis in women is typically asymptomatic but may cause abnormal vaginal discharge or intermenstrual vaginal bleeding especially after sexual intercourse.³
- Women may experience pelvic inflammatory disease (PID) leading to ectopic pregnancy and infertility.
- Pharyngeal chlamydia is usually asymptomatic but can cause pharyngitis.
- Anorectal chlamydia is usually asymptomatic but can cause proctitis.

Telemedicine Appropriateness

- Patients with potential complications of chlamydia (such as PID in women) should be evaluated in person including a physical exam.
- Testing is required for diagnosis at the sites of infection (e.g., urine/urethra, vaginal/endocervical, urine, rectal, or pharyngeal) which can occur over telemedicine in three ways:
 - Initial evaluation over telemedicine with in-person followup for sample collection.
 - Initial evaluation over telemedicine and laboratory followup for patient self-collected sample (FDA approval exists for urine and vaginal self-collected samples; some labs may also allow for self-collected samples at other sites of infection).
 - Evaluation over telemedicine with at-home patient self-collected samples (urine and vaginal self-collected samples).

Considerations for Testing¹

- Testing should include urethral or urine testing in men and vaginal, cervical, or urine testing in women. In men, urine testing is as least as effective as urethral swabs and can be self-collected by the patient in a lab or at home using a testing kit. In women, vaginal or cervical testing is more sensitive than urine testing, and vaginal samples can be self-collected by the patient in a lab or at home using a testing kit.⁴⁻⁶
- If symptoms or exposures indicate anal or pharyngeal infection, test anal or pharyngeal sites. While some labs may allow for self-collected anal or pharyngeal samples, these sites of infection may require in-person followup for sample collection.
- All sexually active women <25 years, as well as women ≥25 years with (1) a new sex partner or more than one sex partners, (2) a sex partner with concurrent partners, or (3) a sex partner with a sexually transmitted infection should be screened annually for chlamydia infection, which can occur as part of a routine in-person preventative exam.
- Screening of sexually active men should be considered in clinical settings with a high prevalence of chlamydia, like adolescent clinics, correctional facilities, sexually transmitted disease clinics, HIV clinics, or clinics focusing on men who have sex with men, which can occur as part of a routine in-person preventative exam.

- Patients should be screened for chlamydia infection if there is inconsistent condom use among those not in mutually monogamous relationships, previous or recently diagnosed sexually transmitted infections, or a history of exchanging sex for money and drugs, which can occur as part of a routine in-person preventative exam.

Diagnosis^{1,7-8}

- Test patients for chlamydia with nucleic acid amplification tests (NAAT).
- NAAT testing can be performed on endocervical and vaginal swabs in women, urethral swabs in men, and urine, rectal, and pharyngeal swabs in men and women.
- Self-collected testing is FDA-approved for urine and vaginal samples and may be available for rectal and pharyngeal samples.⁴⁻⁶

Treatment¹

- Doxycycline 100 mg orally twice daily for 7 days.
- If doxycycline is not tolerated, azithromycin 1 g orally in a single dose, or levofloxacin 500 mg orally daily for 7 days are alternative options but have higher failure rates.

Anticipatory Guidance¹

- Abstain from sexual activity for 7 days after final dose and until all sex partners are treated.
- Test for other STIs (e.g., HIV, gonorrhea, and syphilis), which may require a laboratory visit or additional testing for gonorrhea using the same sample as was used for chlamydia testing. Consider pre-exposure prophylaxis (PrEP) for HIV and doxycycline post-exposure prophylaxis (doxy-PEP). Retest for chlamydia in 3 months at the same site of infection, for which the same testing location can be used.⁹

Management of Partners¹

- Sex partners (those with sexual contact with the patient during the 60 days before the onset of symptoms or the diagnosis) and/or the most recent sex partner should be referred for evaluation, testing, and treatment.
- If partners cannot present to a healthcare provider for evaluation, testing, or treatment, based on local laws, the clinician can prescribe treatment for chlamydia (doxycycline 100 mg by mouth twice daily for 7 days) for the partner that the patient can deliver to the partner, along with educational materials.

References

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