



SCREENING FOR CHLAMYDIA

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for Chlamydia infection for all sexually active nonpregnant young women aged 25 and younger and for older nonpregnant women who are at increased risk.

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 NON-PREGNANT FEMALES AND MALES

Uncomplicated Chlamydia infection (Asymptomatic and Symptomatic)

Recommended Regimens:

Azithromycin 1g 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.

*Source: USPSTF Preventive Guidelines, October 2009
CDC Chlamydia Fact Sheet, May 2010*

*Clinical Quality Improvement Committee Approval
May 2002, May 2004, August 2006, May 2008, August 2010*

TREATMENT OF CHLAMYDIA INFECTIONS

General Principles

To maximize compliance with therapy, medications for Chlamydia infections should be dispensed on site, if possible.

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.

To minimize the risk of re-infection, patients should also be instructed to abstain from sexual intercourse until 7 days after all of their sexual partners are treated.

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.

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.

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. Under California law it is the duty of the attending physician to instruct patients with STDs "in precautionary measures for preventing the spread of the disease, the seriousness of the disease and the necessity of treatment and prolonged medical supervision." Additionally the attending physician is required to "endeavor to discover the source of infection, as well as any sexual or any other intimate contacts [when] the patient was in the communicable stage of the disease" and "to make an effort, through the cooperation of the patient, to bring those cases in for examination and, if necessary, treatment." The Patient-delivered Partner Therapy Law enacted January 1, 2001 states "Notwithstanding any other provision of law, a physician, nurse practitioner, certified-nurse midwife, and physician assistant who diagnoses a sexually transmitted Chlamydia infection may prescribe to that patient's sexual partner or partners without examination of that patient's partner or partners".

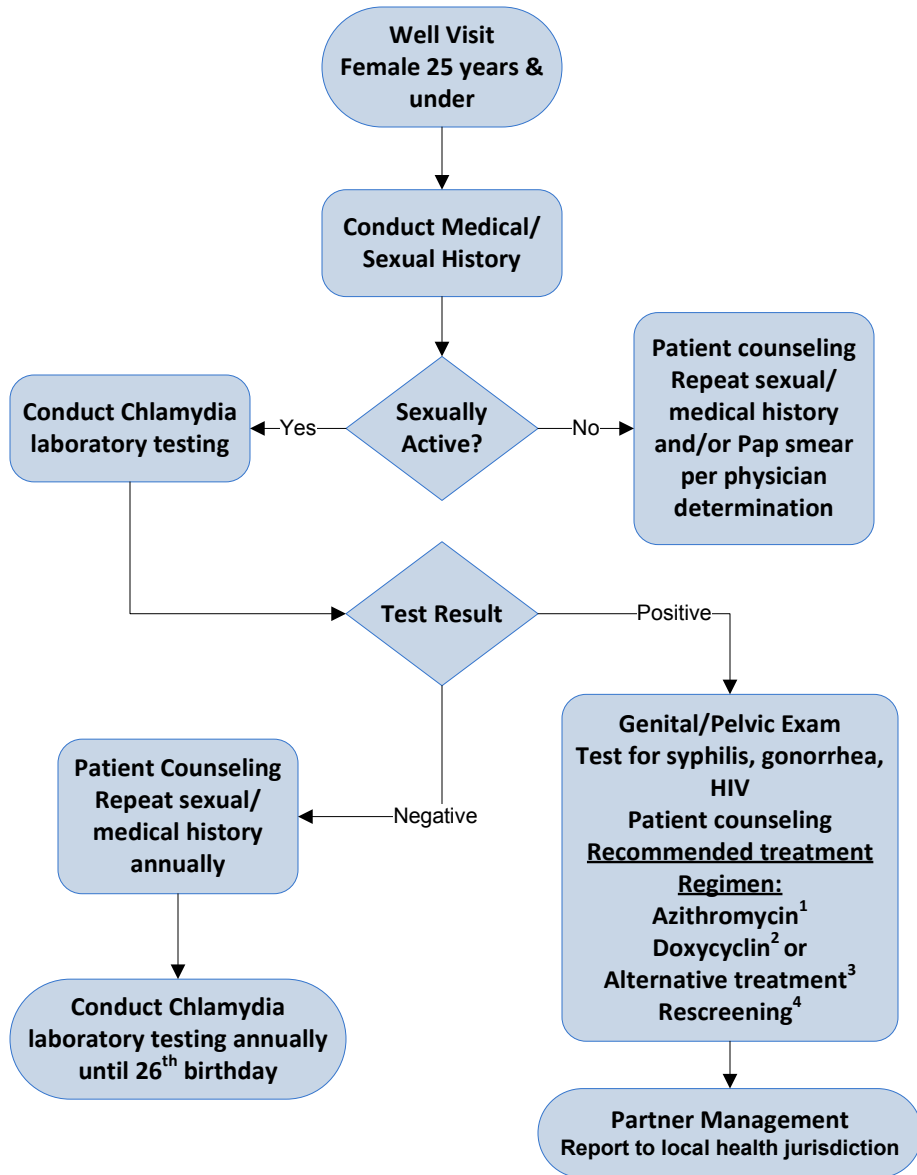
All patients diagnosed with Chlamydia are required to be reported to the local health department of the jurisdiction where the patient resides.

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.

Because Chlamydia re-infection is common, ranging from 10.5% to 38%, several authors have recommended that patients be rescreened 10 weeks to 6 months after treatment.

Chlamydia Care Path

Asymptomatic Non-Pregnant Female



1 Azithromycin dose: 1-gram p.o., single dose.

2 Doxycycline dose: 100 mg p.o. BID for 7 days

3 Alternative Treatment Regimen: Ofloxacin 300 mg p.o. BID for 7 days or Erythromycin base 500 mg p.o. QID

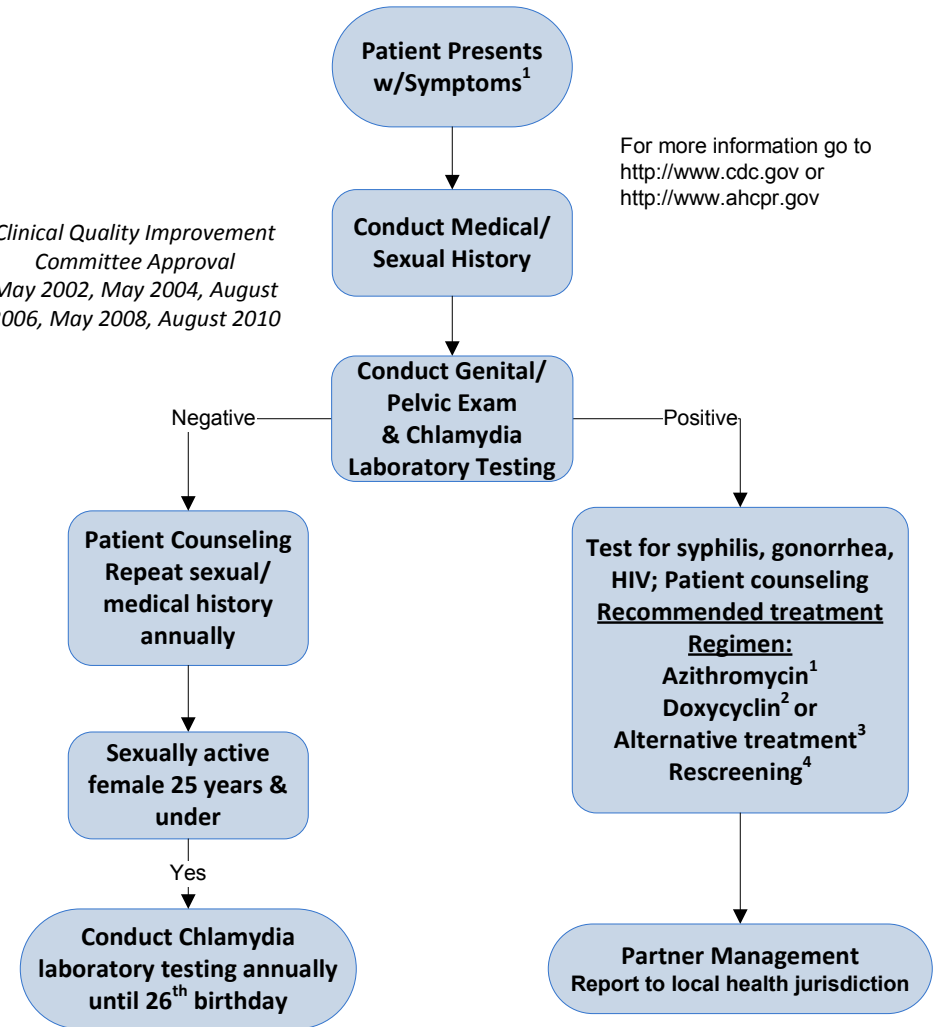
or 7 days or Erythromycin ethylsuccinate 800 mg p.o. QID f or 7 days.

4 Because Chlamydia re-infection is common it is recommended that patients be rescreened 10 weeks to 6 months after treatment

Chlamydia Care Path

Uncomplicated Symptomatic Non-Pregnant Female and Male

Clinical Quality Improvement
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1 Symptoms: Females - abnormal vaginal discharge, abnormal vaginal bleeding, or dyspareunia
Males - urethral discharge or dysuria.

2 Positives include: positive Chlamydia test and/or positive physical exam in Females - mucopurulent cervicitis or cervical friability; positive Chlamydia test and/or positive physical exam in Males - urethritis.

3 Azithromycin dose: 1-gram p.o., single dose.

4 Doxycycline dose: 100 mg p.o. BID for 7 days

5 Alternative Treatment Regimen: 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

6 Because Chlamydia re-infection is common, it is recommended that patients be rescreened 10 weeks to 6 months after treatment