

This decision support tool is effective as of February 2014. For more information or to provide feedback on this or any other decision support tool, e-mail [certifiedpractice@crnbc.ca](mailto:certifiedpractice@crnbc.ca)

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## CHLAMYDIA TRACHOMATIS (REPORTABLE)

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### DEFINITION

Bacterial infection caused by the transmission of *Chlamydia trachomatis* (CT) during sexual contact in which body fluids are exchanged.

### CAUSES

*Chlamydia trachomatis*

### PREDISPOSING RISK FACTORS

Sexual contact where there is exchange of body fluid with an individual who is infected with *Chlamydia trachomatis*.

### TYPICAL FINDINGS

#### Sexual Health History

- sexual contact with one or more partners
- often asymptomatic
- contact to someone with confirmed laboratory test for *Chlamydia trachomatis*.

#### Physical Assessment

##### Males

- urethral discharge
- painful urination
- urethral itch or urethral awareness
- testicular pain, swelling (symptoms of epididymitis)
- inflammation of the rectum, rectal pain and discharge (symptoms of proctitis)
- sore throat (throat infection is most often asymptomatic)

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) every two years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s) are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

- inflammation of the tissues around the eye including acute redness, purulent discharge and crusting (symptoms of conjunctivitis) can be caused from Chlamydial infection in the eye: consult/refer to physician or Nurse Practitioner (NP) for symptoms of conjunctivitis
- may be asymptomatic

## Physical Assessment

### Females

- often asymptomatic
- abnormal change in vaginal discharge
- painful or difficult urination
- abnormal vaginal bleeding (after intercourse or between menstrual periods)
- lower abdominal pain (symptom of pelvic inflammatory disease)
- dyspareunia
- inflammation of the rectum, rectal pain and discharge (symptoms of proctitis)
- sore throat (although throat infections is most often asymptomatic)inflammation of the tissues around the eye including acute redness, purulent discharge and crusting (symptoms of conjunctivitis) can be caused from chlamydial infection in the eye: consult/refer to physician or NP for symptoms of conjunctivitis

**Note:** If performing an assessment or undertaking treatment for a woman who has a confirmed positive cervical or vaginal laboratory test for *Chlamydia trachomatis*, assess for signs of pelvic inflammatory disease (PID).

## Diagnostic Tests

### Males

- urine specimen for NAAT (CT). Ideally the client should not have voided in the previous 1-2 hours/collect first 10-20 ml
- urethral swab for NAAT (CT) only if urine testing is not available. Swabs should be performed prior to collecting urine samples
- throat swab for NAAT (CT) if indicated in sexual health history. See the [STI Assessment DST](#) re: screening indications for CT NAAT throat specimens
- rectal swab for NAAT (CT) if indicated in sexual health history. See the [STI Assessment DST](#) re: screening indications for CT NAAT rectal specimens

### Females

- swab from vagina or cervix for NAAT (CT). For vaginal collection swab the posterior fornix of the vaginal wall

- if the client declines a physical assessment or physical assessment is not appropriate, self collected vaginal swab for NAAT (CT) may be offered and is preferred over a urine specimen.
- alternatively, if self collected vaginal swab is declined then first void urine for NAAT (CT) can be collected. Ideally the client should not have voided in the previous 1-2 hours/collect first 10-20 ml
- for clients who have undergone hysterectomy including removal of the cervix; collect first void urine for NAAT (CT) (preferred) or vaginal swab.
- throat swab for NAAT (CT) if indicated in sexual health history. See [STI Assessment DST](#) re: screening indications for CT NAAT throat specimens
- rectal swab for NAAT (CT) if indicated in sexual health history. See the [STI Assessment DST](#) re: screening indications for CT NAAT rectal specimens

#### Notes:

1. Recent data show that vaginal swabs for NAATs for *C. trachomatis*, *N. gonorrhoeae* may identify as many or more infections in women over cervical or urethral swabs or urine specimens. Check with your local laboratory to see if submission for vaginal NAAT (GC/CT) is an option.
2. There are promising data evolving which supports the use of NAAT for rectal and oral swabs for *C. trachomatis* and *N. gonorrhoeae*. See the [STI Assessment DST](#): oral, rectal specimen collections for indications re: when to use NAAT (GC/CT). Check with your local laboratory provider to see if submission of oral/rectal NAAT (GC/CT) is an option.

## CLINICAL EVALUATION

Treat all clients with confirmed Chlamydia by positive laboratory result:

- urethral (urine or urethral swab)
- rectal
- pharyngeal
- cervical (swab from vagina or cervix)

Treat all persons identified as contacts to confirmed Chlamydia (e.g., sexual contact with a confirmed case in the past 60 days, or last sexual contact).

## MANAGEMENT AND INTERVENTIONS

### Goals of Treatment:

- treat bacterial infection
- prevent complications
- prevent transmission of chlamydia

## TREATMENT OF CHOICE

### First Choice:

- doxycycline 100 mg po bid for 7 days

### OR

- azithromycin 1 gm po in a single dose

### Note:

1. Do not use doxycycline if pregnant or allergic to doxycycline or tetracycline.
2. If the client has missed 2 consecutive doses of doxycycline within the first 5 days of treatment, or has not completed a full five consecutive days of treatment, (doxycycline at 100 mg po bid) then retreatment is indicated.

## ALTERNATE TREATMENT

- amoxicillin 500 mg po tid for 7 days

### OR

- erythromycin 500 mg po qid for 7 days
  - if this dose of erythromycin is not tolerated, then use erythromycin 250 mg po qid for 14 days

## PREGNANT OR BREASTFEEDING WOMEN

- consult/refer to physician or NP for women who are pregnant or breastfeeding
- test of cure (TOC) is only recommended for pregnant and/or breastfeeding women and should be performed at 3-4 weeks after completion of treatment.

## PARTNER COUNSELLING AND REFERRAL

People who have confirmed laboratory tests positive for *Chlamydia trachomatis* require partner counselling to identify all the people who may have been exposed through sexual contact in the previous 60 days. If no sexual partner in the previous 60 days then follow up should occur for the last sexual contact

Sexual contacts can be notified by a registered nurse or the client to receive testing and treatment following the Treatment of STI Contacts DST.

## MONITORING AND FOLLOW UP

- repeat testing at 6 months due to potential high risk of re-infection
- TOC is only recommended 3-4 weeks post treatment completion for pregnant and/or breastfeeding clients and whenever amoxicillin or erythromycin is used for treatment.

## POTENTIAL COMPLICATIONS

### Males

- epididymitis
- sexually acquired reactive arthritis

### Females

- PID
- infertility
- ectopic pregnancy
- chronic pelvic pain
- sexually acquired reactive arthritis

## CLIENT EDUCATION

### Counsel client:

- to abstain from sexual activity during the 7 day course of treatment or for 7 days post single dose therapy for clients and their contacts
- regarding methods of partner notification
- to inform any sexual contacts within the last 60 days that they require testing and treatment. If no sexual contact in the previous 60 days then follow up should occur for the last sexual contact.

- regarding appropriate use of medications (dosage, side effects, and need for re-treatment if medication is taken incorrectly)
- regarding harm reduction (condom use significantly reduces the risk of transmission)
- regarding the benefits of routine STI and HIV screening
- regarding complications from untreated Chlamydia
- regarding co-infection risk for HIV when another STI is present
- regarding the asymptomatic nature of STI and HIV
- regarding the importance of revisiting health care provider if symptoms persist
- to repeat STI screening which includes testing for *Chlamydia trachomatis* in 6 months time as re-infection rate is high

## **CONSULTATION AND/OR REFERRAL**

Consult or refer to a physician or Nurse Practitioner (NP) for all clients who are pregnant or breastfeeding.

Consult or refer to physician or NP for symptoms of conjunctivitis

## **DOCUMENTATION**

- complete H208 form as per reporting procedures
- as per agency policy

## REFERENCES

For help obtaining any of the items on this list, please contact CRNBC Helen Randal Library at [circdesk@crnbc.ca](mailto:circdesk@crnbc.ca)

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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