

# Recommendations for Chlamydia Testing in New Zealand

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Infection with *Chlamydia trachomatis* is usually asymptomatic. Age and sexual behaviour are the best predictors of asymptomatic infection.

## Recommendations for asymptomatic opportunistic testing

This is particularly important if the individual has not consistently used condoms.

### Females

Testing should be offered to all sexually active females under 25 years of age if they have never been tested. The offer of testing should be repeated *annually* to all sexually active females under 25 years of age if they have:

- had two or more partners in the last 12 months, *or*
- had a recent partner change.

### Males

Consider testing in sexually active males if they conform with the following criteria:

- aged under 25, *and*
- two or more sexual partners in the last year or a recent partner change, *or*
- co-infection with another STI.

Testing should be routinely given to:

- those with symptoms suggestive of chlamydia infection (see below for symptoms)
- sexual partners of those with suspected or confirmed chlamydia infection
- patients requesting a sexual health check
- patients with another STI
- pregnant women (test in first trimester and repeat in third trimester if there are ongoing risk factors)
- women undergoing a termination of pregnancy
- mothers of infants with chlamydial conjunctivitis or pneumonitis
- pre-menopausal women undergoing uterine instrumentation
- semen and egg donors
- men who have sex with men.

## Symptoms that may be associated with chlamydia infection

Females	Males
Frequency/dysuria syndrome	Dysuria
Vaginal discharge	Urethral discharge
Inflamed/friable cervix on examination	Epididymo-orchitis
Postcoital or inter-menstrual bleeding	Testicular pain
Lower abdominal pain	Reactive arthritis
Reactive arthritis	

If people have symptoms, start treatment without waiting for laboratory confirmation.

## Testing

The recommended test is a nucleic acid amplification test such as PCR or SDA.

## Recommended specimens for asymptomatic testing

- **Females:** a low vaginal swab, which can either be collected by a health care worker or self-collected by the patient.

If the woman is undergoing a speculum examination, a cervical swab is recommended

- **Males:** the first 10–20 ml of voided urine (delay passing urine for 1–2 hours before collection).

Symptomatic people require examination and testing for other STIs, including gonorrhoea, syphilis and HIV.

## Management of chlamydia infection

Counsel the individual about the prevention of STIs, use of condoms and the importance of effective partner/contact management.

## Treatment of uncomplicated chlamydia

The standard treatment is:

- azithromycin, 1 g po.stat, or
- doxycycline, 100 mg bd, for seven days.

In pregnancy or if breastfeeding, use:

- azithromycin, 1 g po stat\*, or
- amoxicillin, 500 mg tds, for seven days, or
- erythromycin stearate, 500 mg QID for seven days, or bds for 14 days.

\* Note: azithromycin is not licensed for use in pregnancy in New Zealand, but clinical experience and studies overseas suggest it is safe and effective.

For alternative regimens and for treating complicated chlamydia, refer to the *Chlamydia Management Guidelines*.

## Partner notification

- All sexual contacts within the previous 60 days need to be notified that they require testing and treatment for possible chlamydia infection.
- If there have been no sexual contacts within the previous 60 days, then the most recent sexual contact should be notified, up to a maximum of six months.
- All sexual contacts within the specified timeframe should be treated for chlamydia, even if the offer of a test is declined.
- Patients should be offered the choice of:
  - patient referral, where patients themselves notify their sexual contacts to seek treatment
  - provider referral, where the health care provider agrees to undertake the task of notifying sexual contacts to seek treatment (taking care to protect index case confidentiality as much as possible).

## Repeat testing

A test of cure for chlamydial infection is not required because the recommended first-line treatment regimens of azithromycin or doxycycline are more than 95% effective. Exceptions to this recommendation are:

- if a non-standard antibiotic regimen has been used, or
- if the patient is pregnant.

In these circumstances, because treatment failure is more likely, a repeat test should be done *no sooner* than five weeks after completion of antibiotic therapy. Because re-infection is common, it is recommended that repeat testing be offered at three to six months to people with previously treated chlamydia infections.

Note that people testing positive for chlamydia infection may have other co-existing STIs. In these circumstances, testing for other STIs including gonorrhoea, syphilis and HIV should be offered, depending on sexual behaviour.

For further information and evidence to support these recommendations, see *Chlamydia Management Guidelines* ([www.moh.govt.nz](http://www.moh.govt.nz)).