

# CHLAMYDIA FACT SHEET FOR GENERAL PRACTICE

## THE FACTS

- Chlamydia is the most commonly notified sexually transmitted infection in Australia
- The majority of Chlamydia cases occur in the metropolitan area and there is a considerable concern that many cases remain undiagnosed
- Chlamydia is easy to test for and to treat
- The vast majority of cases can be diagnosed and successfully treated in general practice
- Chlamydia infection is mostly asymptomatic and it is vital that sexual partners of the patient with Chlamydia are encouraged to be tested irrespective of whether they currently have any symptoms or discomfort
- In response to doctors' requests for assistance regarding the partner notification process, we have developed Chlamydia Fact Sheets for Patients & Partners for you to give to your patients, and for your patients to give to their partners
- Patients should be encouraged to ask all their sexual partners in the past 3 months to seek testing
- The Department of Health WA does not routinely contact trace Chlamydia notifications, but can be contacted to assist with particularly complex cases. This is outlined on the inside cover of the new notification form information folder.

## TRANSMISSION

High likelihood of transmission through unprotected vaginal or anal sex. The role of oral sex in transmission overall is unclear, however, a low rate of pharyngeal infection has been shown in some studies.

## SYMPTOMS

- **Usually asymptomatic** in both men (up to 50%) and women (approx 75%)
- If symptomatic, it presents with urethral discharge/dysuria and scrotal or testicular pain in men and vaginal discharge, irregular bleeding and/or pelvic pain in women.

## WHO SHOULD BE TESTED?

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

- Anyone sexually active aged under 25 years
- Anyone presenting with the symptoms above
- Recently changed sexual partners or had more than one sexual partner in the past 12 months
- Not using condoms every time they have sex and not in a long-term monogamous relationship
- Sexual partner has had an STI or symptoms of an STI
- Anyone requesting HIV or STI screening.

## USEFUL CONTACTS

### METROPOLITAN

**Royal Perth Hospital Sexual Health Clinic**  
Tel. (08) 9224 2178

**Fremantle Hospital Sexual Health Clinic**  
Tel. (08) 9431 2149

**Family Planning WA Sexual Health Services**  
Tel. (08) 9227 6177

**North Metropolitan Public Health Unit**  
Tel. (08) 9380 7749 or (08) 9380 7748

**South Metropolitan Public Health Unit**  
Tel. (08) 9431 0230

## TESTING

- In men, collect 20ml first void urine (FVU) for Chlamydia PCR having not passed urine for at least 1 hour and store in refrigerator until transported to laboratory
- In women, self-obtained low vaginal swab (SOLVS) or endocervical swab or FVU for Chlamydia PCR
- In men and women collect a pharyngeal swab and/or anal swab for Chlamydia PCR if indicated in sexual history
- If collecting a Pap smear, Chlamydia PCR can be requested on a Thin Prep Specimen
- Consider testing for other STIs.

## TREATMENT

- In uncomplicated Chlamydia, recommended treatment is **Azithromycin 1 g as a single dose**
- **Immediate treatment** recommended for contacts of confirmed cases of Chlamydia (*without waiting for test results*).

## LONG-TERM CONSEQUENCES

Without early treatment, women can develop Pelvic Inflammatory Disease (PID), tubal factor infertility, ectopic pregnancy and chronic pelvic pain. Delayed treatment increases the risk of permanent tubal damage and the duration of infectiousness. Left untreated in men, Chlamydia may lead to epididymitis and prostatitis, and there is evidence to support a link between Chlamydia infection and male factor infertility.

## PARTNER NOTIFICATION

It is important to encourage patients to notify their recent, regular and/or casual sexual partners that they may be at risk of Chlamydia infection. A copy of the Chlamydia Fact Sheet for Patients & Partners and Partner Referral Cards should be made available to your patient.

For further information and resources, including the Chlamydia Fact Sheet for Patients & Partners, please visit: [www.couldihaveit.com/professionals.asp](http://www.couldihaveit.com/professionals.asp)

## FOLLOW-UP

Re-testing in three months is recommended to ensure that the patient has not been re-infected. Check if sexual partners were tested and treated. Consider (re)testing for other STIs.

## USEFUL RESOURCES

For further information about the management of sexually transmitted infections, see the Guidelines for Managing Sexually Transmitted Infections 2006, WA Department of Health [www.public.health.wa.gov.au/3/634/3/guidelines\\_for\\_.pm](http://www.public.health.wa.gov.au/3/634/3/guidelines_for_.pm)

### REGIONAL

**Gascoyne Population Health Unit** Tel. (08) 9941 0560

**Geraldton Population Health Unit** Tel. (08) 9956 1985

**Great Southern Population Health Unit** Tel. (08) 9842 7500

**Kalgoorlie-Boulder Population Health Unit** Tel. (08) 9080 8200

**Kimberley Population Health Unit** Tel. (08) 9194 1630

**Pilbara Population Health Unit** Tel. (08) 9172 8333

**South West Population Health Unit** Tel. (08) 9781 2350

**Wheatbelt Public Health Unit** Tel. (08) 9622 4320



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