

## 4.4. CHLAMYDIA (GENITAL)

<b>Causative organism</b>	<i>Chlamydia trachomatis</i> , serovars D-K (a bacterium)
<b>Incubation period</b>	> 2–60 days for male urethral infection, though many remain asymptomatic. Most cervical infections in women and anal infections in men and women remain asymptomatic
<b>How far to trace back</b>	According to symptoms or sexual history; usually up to 6 months
<b>Usual testing method</b>	Nucleic acid amplification testing of vaginal, cervical or anal swab, or first void urine
<b>Common symptoms</b>	Usually asymptomatic in both men and women. Urethral discharge/dysuria (in <10% of infected male contacts) Cervical and anal infections are usually asymptomatic; Pelvic symptoms (see Chapter 4.14 on Pelvic inflammatory disease); Epididymitis (scrotal pain) in men <35 years
<b>Likelihood of transmission per act of unprotected intercourse</b>	30–50%
<b>Likelihood of long-term sexual partner being infected</b>	High – 68% of male partners of infected women and a higher percentage of female partners of chlamydia-infected men
<b>Protective effect of condoms</b>	High
<b>Transmission by oral sex</b>	Unknown
<b>Duration of potential infectivity</b>	Months to years
<b>Important sequelae</b>	Pelvic inflammatory disease (PID); Neonatal pneumonitis; Preterm delivery; Ectopic pregnancy; Infertility; Enhanced HIV transmission
<b>Direct benefit of detection and treatment of contacts</b>	Cure
<b>Usual management of contacts</b>	Counselling, clinical examination, and testing of appropriate sites (urine, vagina, cervix or anus) Presumptively treat with: azithromycin 1g orally statim (now acceptable in pregnancy and breastfeeding)
<b>Contact tracing priority</b>	High
<b>Notification</b>	Genital <i>C. trachomatis</i> infection is notifiable in all Australian states and territories by doctors or laboratories. Non-gonococcal urethritis (NGU) and PID are not notifiable. Genital <i>C. trachomatis</i> infection is not notifiable in New Zealand, but voluntary laboratory notification occurs in the Auckland and mid-central regions of the north island.  (See also Case study 4)

## 4.4. CHLAMYDIA (GENITAL)

### What causes this infection?

Chlamydia is a bacterial infection of the genitals, anus or throat.

### What are the symptoms?

In the unlikely event that a woman does have symptoms, they may include discomfort when urinating, lower abdominal pain, vaginal spotting or bleeding. Men may have a urethral discharge, pain upon urinating or urethral irritation.

Inflammation of the male urethra caused by chlamydia used to be known as non-specific urethritis before modern testing was available.

Inflammation of a woman's cervix is known as cervicitis.

### How does someone get infected?

Chlamydia is transmitted by having vaginal or anal sex without a condom, with someone who has the infection. Transmission by oral sex is rare.

### How long does it take before symptoms develop?

Symptoms can occur within 2–14 days after infection. However, a person may have chlamydia for months or even years without knowing it.

### Is there any treatment?

Chlamydia is easily cured with an appropriate course of antibiotics.

### What are the complications of this infection?

If left untreated in women chlamydia may lead to pelvic inflammatory disease (PID). This is when the reproductive organs which are situated in the pelvis become inflamed. PID may cause ectopic pregnancies (the pregnancy develops in the fallopian tubes instead of the uterus), infertility (when the fallopian tubes become damaged by scar tissue) or chronic pelvic pain.

Men may develop epididymitis (inflammation of the epididymis, in the scrotum), chronic urethral irritation or chronic testicular discomfort. Rarely, chlamydia may trigger chronic arthritis, rashes and eye inflammation.

### Do sexual partners need treatment?

Sexual partners exposed by vaginal, oral or anal sex without using a condom are at high risk of the infection. This means they should be treated regardless of symptoms or test results.

### What advice should be given to a person with a chlamydia?

- If the antibiotic is more than a single dose, ensure full course is completed – symptoms may resolve in a few days but the bacteria may not have been eradicated.
- Mild, transient diarrhoea may be experienced as a side effect.
- If taking the antibiotic doxycycline, use a sun block if out in the sun, as medication may cause sun sensitivity.
- Some antibiotics may stop the oral contraceptive pill from working properly. Use extra contraception e.g. condoms whilst on the antibiotic and for seven days afterwards.
- The tablets should be taken after a meal and with plenty of water. If not eating, take the tablets with milk.
- Sexual intercourse during treatment and for one week after should be avoided because the infection can still be transmitted.
- While on treatment, having the occasional alcoholic drink is not harmful.
- After completing the treatment, the person may be advised to return for a follow-up appointment.
- The opportunity should be taken to educate the patient about safer-sex practices in order to reduce the risk of chlamydial infection and other STIs in the future.

PATIENT