

# EASY GUIDE FOR THE MANAGEMENT OF CHLAMYDIA IN GENERAL PRACTICE

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## TEST

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- In men, collect 20 ml first void urine [FVU] for Chlamydia PCR having not passed urine for at least 1 hour
- 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
- If the test result comes back positive, please notify the infection in accordance with existent guidelines
- Consider testing for other STIs.

## TREAT

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

## PARTNER NOTIFICATION

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- It is important to encourage your patient to notify recent sexual partner/s that they may be at risk of Chlamydia
- A copy of the Chlamydia Fact Sheet for Patients & Partners should be made available to your patient
- For complex and/or hard-to-reach cases, please contact disease control nurses for advice or assistance.

## FOLLOW-UP

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- Re-testing in three months is recommended as reinfection with Chlamydia is common
- Consider (re)testing for other STIs.

## USEFUL CONTACTS

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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)

For Chlamydia-specific information and resources, including Chlamydia Fact Sheets for Patients & Partners [www.couldihaveit.com/professionals.asp](http://www.couldihaveit.com/professionals.asp)



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Sexual Health Education Program



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