



# Chlamydia: guide to testing and clinical management

## Who should be tested?

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

- aged 15-25 years
- 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.

## How to test?

### Males with no symptoms

Collect 20ml first void urine for chlamydia PCR<sup>1</sup> and store in refrigerator until transported to the laboratory.

### Females with no symptoms

Collect 20ml first void urine for chlamydia PCR<sup>1</sup> and store in refrigerator until transported to the laboratory

AND

Self-obtained low vaginal swab (SOLVS) for chlamydia PCR<sup>1</sup> or endocervical swab for chlamydia PCR. If collecting a Pap smear, chlamydia PCR can be requested on a Thin Prep specimen or cytobrush/Cervex brush. (Directions on how to collect a SOLVS are provided on page three of this document or go to [www.couldihaveit.com/professionals.asp](http://www.couldihaveit.com/professionals.asp)).

### Men or women who have had receptive anal or oral sex

Collect rectal or throat swab for chlamydia PCR as appropriate.

### Patients with STI symptoms

(e.g. dysuria, vaginal or urethral discharge, abnormal vaginal bleeding, pelvic pain)

Refer to the Guidelines for *Managing Sexually Transmitted Infections: a guide for primary health care providers*. This is available free of charge from the Communicable Disease Control Directorate, Department of Health, or at:

[www.public.health.wa.gov.au/2/231/2/guidelines\\_for\\_.pm](http://www.public.health.wa.gov.au/2/231/2/guidelines_for_.pm)

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<sup>1</sup> Many, but not all, laboratories will automatically test for gonorrhoea when a chlamydia PCR is requested. Testing for gonorrhoea also is recommended, with the consent of the patient. Check with your lab, so that you can request the appropriate tests and inform your patients accordingly.



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### **If chlamydia tests negative:**

- advise about safe sex
- recommend re-testing if they change partners or after unprotected sex with a new partner.

### **If chlamydia tests positive:**


- take a full sexual history, including a sexual contact history
- recommend a genital examination, including a speculum and bimanual examination (to exclude PID) in females
- offer testing for gonorrhoea (if not already done) and hepatitis B, HIV, syphilis and other STIs as clinically indicated
- treat with azithromycin 1g orally, as a single dose
- education - advise the patient to avoid having sex or practise safe sex for one week (and until after partner treated); advise patient about the 3 month window period for hepatitis B, HIV and syphilis
- initiate contact tracing of sexual partners
- review after 3 months, re-test for chlamydia and offer repeat testing for hepatitis B, HIV and syphilis.



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## How to take your own swab for a SOLVS PCR test

**1.**



Find a comfortable position, either sitting or standing.

**2.**



Put the tip of the cotton swab stick about 2 cm (length of 1 finger joint) inside your vagina.

**3.**

Turn the swab stick around once.

**4.**

Leave the swab stick in for a count of 10.

**5.**

Remove the swab stick.

Diagrams courtesy of Kimberley P.H.U.

Please photocopy this page as needed.



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## Contact Tracing (also called Partner Notification)

Contact tracing involves finding and informing the contacts of a person with an infection so they can get information, testing and treatment. A contact is anyone with whom a patient with an STI has had unsafe sex. In the case of chlamydia this is generally unprotected vaginal or anal sex, and sometimes oral sex.

### Contact tracing is important because it:

- helps stop patients who have been treated from getting the infection back again from their partner(s)
- helps stop the spread of infection in the community. Most people with chlamydia do not know they have it and so can unknowingly spread it to others
- reduces the risk of complications in someone who might not otherwise know they had chlamydia.

### Who is responsible for contact tracing?

Patients, medical practitioners, nurses and other clinical staff treating patients with STIs and disease control staff in population health units all have responsibilities for contact tracing.

### How is contact tracing done?

1. If you have diagnosed a patient with chlamydia, discuss the importance of notifying partners. Ask them to name their sexual contacts from the past three months. If there have not been any contacts in this period, go back to their most recent contact.
2. Make it as easy as possible for your patient to inform their contacts. A sample partner notification letter to give contacts is provided on the next page or at [www.couldihaveit.com/professionals.asp](http://www.couldihaveit.com/professionals.asp) then click on “Partner notification letter”. They may prefer to phone or text their contacts, and you could direct them to [www.couldihaveit.com/youcouldhaveit.asp](http://www.couldihaveit.com/youcouldhaveit.asp).
3. Check with your patient whether there are any contacts whom they would like you or another health professional to inform. Obtain all relevant contact details (full name, age, address, phone number) if possible. Contact tracing is voluntary and confidential. It is unacceptable for health professionals to disclose either the patient’s name, or any identifying information to the contact.
4. Wherever possible, notify the patient’s contacts yourself, particularly in the Perth metropolitan area. Refer any remaining contacts to community/disease control nurses who provide contact tracing (with related sexual health education/counselling) for the Perth metropolitan area, tel 9224 1649 or 9224 1663, or appropriate regional Population Health Unit (see below). (NB There is currently very little capacity for contact tracing for chlamydia in Population Health in the metropolitan area. Please only use this resource if you have particular concerns, e.g. pregnancy or high transmitter).
5. The patient or health professional should inform the contact that they could have the infection and need to see a doctor to get tested and treated as soon as possible. Patients, medical practitioners, nurses and other clinical staff treating patients with STIs and disease control staff in population health units all have responsibilities for contact tracing.



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For more information about contact tracing contact your local  
**Population Health Units:** (those in bold provide clinical services)

Perth (08) 9224 1649/1663

Albany (08) 9842 7500

Broome (08) 9194 1630

Bunbury (08) 9781 2350

**Carnarvon (08) 9941 0560**

**Geraldton (08) 9956 1985**

**Kalgoorlie-Boulder (08) 9080 8200**

Northam (08) 9622 4320

**South Hedland (08) 9172 8333**



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INSERT CLINIC LETTERHEAD

Dear \_\_\_\_\_

You have been given this letter because it is likely that you have been exposed to chlamydia, a sexually transmitted infection.

Chlamydia is very common and easily treated. Most people with chlamydia have no symptoms. It can have significant consequences for both men and women if left untreated.

It is important for you to have a sexual health check-up as soon as possible with your regular doctor or a sexual health clinic. In the meantime do not have vaginal, anal or oral sex without using a condom.

If you would like more information about Chlamydia, go to [www.couldihaveit.com](http://www.couldihaveit.com) and click on 'Chlamydia'. Click on 'All about testing' for a list of clinics.

Please take the information below this line to your doctor.

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**CONFIDENTIAL**

Date: \_\_\_\_\_

Dear Doctor

A partner of your patient has had a positive test for *Chlamydia trachomatis*.

Guidelines recommend that contacts of confirmed cases of chlamydia should be **investigated** for chlamydia and other sexually transmitted infections and receive **immediate treatment** for chlamydia (i.e. without waiting until the results of tests are available). Chlamydia can infect the cervix, urethra, rectum or throat depending on sexual practices.

**The current recommendation for treatment of uncomplicated chlamydia is:**

- **Azithromycin 1 g as a single dose**

If the test results come back positive, please notify the infection and ensure that further contact tracing is undertaken.

If you would like more information about testing and clinical management of chlamydia, go to [www.couldihaveit.com/professionals.asp](http://www.couldihaveit.com/professionals.asp).

Re-testing in three months is recommended as re-infection with chlamydia is common. Consider (re)testing for other STIs also.

For further information about the management of sexually transmissible infections, see the *Guidelines for Managing Sexually Transmitted Infections 2006*, WA Department of Health, available at: [www.public.health.wa.gov.au/2/231/2/guidelines\\_for\\_.pm](http://www.public.health.wa.gov.au/2/231/2/guidelines_for_.pm)

Yours sincerely

INSERT CLINICIAN NAME