

Selective Screening Criteria For Women

1. All sexually active women age 25 or younger should be screened annually
2. Women older than 25 with one or more of the following:
 - (a) New sex partner in last 60 days
 - (b) Multiple sex partners in last 60 days
 - (c) Mucopurulent cervicitis (MPC)
 - (d) Cervical friability
 - (e) Pelvic Inflammatory Disease (PID)
 - (f) Positive test for chlamydia infection within the last 12 months

Reference: CDC STD Treatment Guidelines, 2006

Additional Resources

Region VIII Infertility Prevention Project (IPP)

The website contains useful resources for professionals involved in the design and delivery of STD prevention services in Public Health Region VIII, including guidelines and protocols.

<http://www.region8ipp.com>

California STD/HIV Prevention Training Center

The Center offers CMEs to clinicians through an online Chlamydia Course on their website.

http://www.stdhivtraining.net/educ/training_module/index.html

The Centers for Disease Control and Prevention

This website includes chlamydia surveillance and prevalence monitoring reports, treatment guidelines, and other helpful resources for providers.

<http://www.cdc.gov/std/infertility/default.htm>

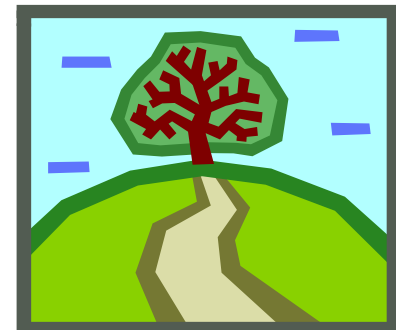
Help keep your patients on the right **PATH**:

Partners: New sexual partner or multiple sexual partners in last 60 days

Age: All sexually active females age 25 or younger should be routinely screened; selective screening of females 26 and over meeting additional criteria (*see selective screening criteria on inside page*)

Treated for chlamydia infection in last 12 months

Have clinical symptoms including: PID, MPC, or cervical friability



Testing

Preferred Testing is:

Nucleic Acid Amplification
Technology (NAAT)

| | |
|-------------------------|---|
| BRAND NAMES | Gen-Probe APTIMA © BD ProbeTec © |
| Collection sites | Urine Endocervical and urethral swabs |
| Sensitivity | 80-90% ¹ |
| Specificity | > 98% |
| Comments | <ul style="list-style-type: none">• Most sensitive test available• Cervical swabs can be obtained when a pelvic exam is indicated• Non-invasive urine testing available in addition to swabs• Patient should be instructed to collect first 20-40 ml of urine, not midstream |

Reference: *CDC STD Treatment Guidelines, 2006*

¹ Sensitivity may be lower for urine compared to swab specimens in NAAT, so if a pelvic exam is performed an endocervical swab would be more appropriate

Treatment For Uncomplicated Chlamydia Infection

Recommended Regimens:

Azithromycin 1g orally in a single dose

or

Doxycycline 100mg orally 2 times a day for 7 days

Alternative Regimens:

Erythromycin base 500mg orally 4 times a day for 7 days

or

Erythromycin ethylsuccinate 800mg orally 4 times a day for 7 days

or

Ofloxacin 300mg orally 2 times a day for 7 days

or

Levofloxacin 500mg orally once daily for 7 days

Reference: *CDC STD Treatment Guidelines, 2006*

Follow-Up Testing

1) Test of cure:

Due to the high efficacy of therapy, patients do not need to be retested for chlamydia after completing treatment with above regimens, unless therapeutic compliance is in question, symptoms persist, or reinfection is suspected.

2) Re-screen high risk clients for reinfection:

Clinicians should consider advising all women with chlamydial infection to be re-tested approximately 3 months after treatment.

Reference: *CDC STD Treatment Guidelines, 2006*