

Care and Treatment Plan: Chlamydia Trachomatis (Reportable)

Definition

Bacterial infection caused by the transmission of *Chlamydia trachomatis* (*C. trachomatis* or CT) during sexual contact in which body fluids are exchanged.

Note: Lymphogranuloma venereum (LGV) is a bacterial infection also caused by *C. trachomatis* serovars L1, L2 or L3. LGV serovars of **C. trachomatis** typically causes more severe and/or complicated infection and are tropic to the lymph tissue. STI RN(C) must refer to a physician or nurse practitioner (NP) for all clients who present with suspected LGV. For management of contacts to LGV, see *DST 901: Care and Treatment Plan: Treatment of STI Contacts*.

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat adults with chlamydia trachomatis

Clinical Evaluation/Clinical Judgement

Treat all clients with confirmed chlamydia by positive laboratory result.

When providing treatment for a client with confirmed positive cervical, vaginal or urine laboratory test for *Chlamydia trachomatis*, assess for signs of pelvic inflammatory disease (PID) through symptoms inquiry and/or physical assessment (bimanual exam), if indicated.

Treat all persons identified as a sexual contact within the past 60 days to a confirmed chlamydia or case. If there are no sexual contacts in the previous 60 days, then follow-up should occur for the last sexual contact.

Management and Interventions

Goals of Treatment

- Treat infection
- Prevent complications
- Prevent the spread of infection

Treatment of Choice

Treatment	Notes
First Choice Doxycycline 100mg PO BID for 7 days OR Azithromycin 1gm PO in a single dose	General: <ol style="list-style-type: none"> 1. Treatment covers general CT infection but does not cover LGV. Referral to a physician or NP is required for LGV diagnosis and treatment. 2. Retreatment is indicated if the client has missed 2 consecutive doses of doxycycline or has not completed a full 5 days of treatment. 3. See BCCDC STI Medication Handouts for further medication reconciliation and client information. 4. See <i>Monitoring and Follow-up</i> section for test-of-cure (TOC) requirements. Allergy and Administration: <ol style="list-style-type: none"> 1. DO NOT USE azithromycin if history of allergy to macrolides. 2. DO NOT USE doxycycline if pregnant and/or allergic to doxycycline or other tetracyclines. 3. If an azithromycin or doxycycline allergy or contraindication exists, consult/refer to a physician or NP for alternate treatment.

	<p>4. Azithromycin and doxycycline are sometimes associated with gastrointestinal adverse effects. Taking medication with food and plenty of water may minimize adverse effects.</p> <p>5. Recent data has emerged regarding azithromycin and QT prolongation. Although rare, it is more significant in older populations, those with pre-existing heart conditions, arrhythmias, or electrolyte disturbances.</p> <p>It is unclear how significant these findings are in young to mid-age healthy adults consuming a one-time dose of azithromycin; however, please use the following precautions:</p> <p>Consult with or refer to an NP or physician if the client:</p> <ul style="list-style-type: none"> ○ Has a history of congenital or documented QT prolongation. ○ Has a history of electrolyte disturbance in particular hypokalemia, hypomagnesaemia. ○ Has clinically relevant bradycardia, cardiac arrhythmia, or cardiac insufficiency. ○ Is on any of the following medications: <ul style="list-style-type: none"> ▪ Antipsychotics: pimozide (Orap®), ziprasidone (Zeldox®) ▪ Cardiac: dronedarone (Multaq®) ▪ Migraine: dihydroergotamine (Migranal®), ergotamine (Cafergot®)
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Pregnant or Breast/Chest-Feeding Clients

For all pregnant or breast/chest-feeding clients, consult with or refer to a physician or NP. Test-of-cure (TOC) is recommended for pregnant and/or breast/chest-feeding clients and should be performed at 3-4 weeks after completion of treatment.

Partner Counselling and Referral

People who have confirmed laboratory tests positive for *Chlamydia trachomatis* require partner counselling to identify people who may have been exposed through sexual contact in the previous 60 days. If no sexual partner in the previous 60 days then follow-up should occur for the last sexual contact (see *DST 901: Care and Treatment Plan – Treatment of STI Contacts*)

Monitoring and Follow-up

Repeat testing at 6 months due to potential high risk of re-infection.

TOC is only recommended 3-4 weeks post-treatment completion for pregnant and/or breast/chest-feeding clients or if symptoms persist following treatment.

Potential Complications

- Epididymitis
- Sexually-acquired reactive arthritis
- Pelvic inflammatory disease (PID)
- Infertility
- Ectopic pregnancy
- Chronic pelvic pain

Client Education and Discharge Information

Counsel client regarding:

- Abstaining from sexual activity during the 7-day course of treatment or for 7 days post-single-dose therapy for clients and their contacts.

- Informing last sexual contact *and* any sexual contacts within the last 60 days that they require testing and treatment.
- Methods of partner notification.
- Appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed, or symptoms do not resolve).
- Harm reduction (condom use significantly reduces the risk of transmission).
- Cleaning sex toys between use and using condoms if sharing sex toys.
- Benefits of routine STI screening.
- Potential complications of untreated chlamydia.
- Co-infection risk for HIV when another STI is present.
- The asymptomatic nature of STI.
- Repeating STI screening, which includes testing for *Chlamydia trachomatis*, in 6 months' time as re-infection rate is high.
- The importance of revisiting a health care provider if symptoms persist.

Consultation and/or Referral

Consult with or refer to a physician or NP for all clients who are pregnant or breast/chest-feeding. Consult with or refer to physician or NP for symptoms of conjunctivitis. Consult with or refer to physician or NP for allergy/contraindications to treatment outlined in this DST.

Documentation

- Chlamydia trachomatis is reportable
- Complete H208 form as per reporting procedures
- As per agency policy

References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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