

Chlamydia trachomatis Testing Guidelines

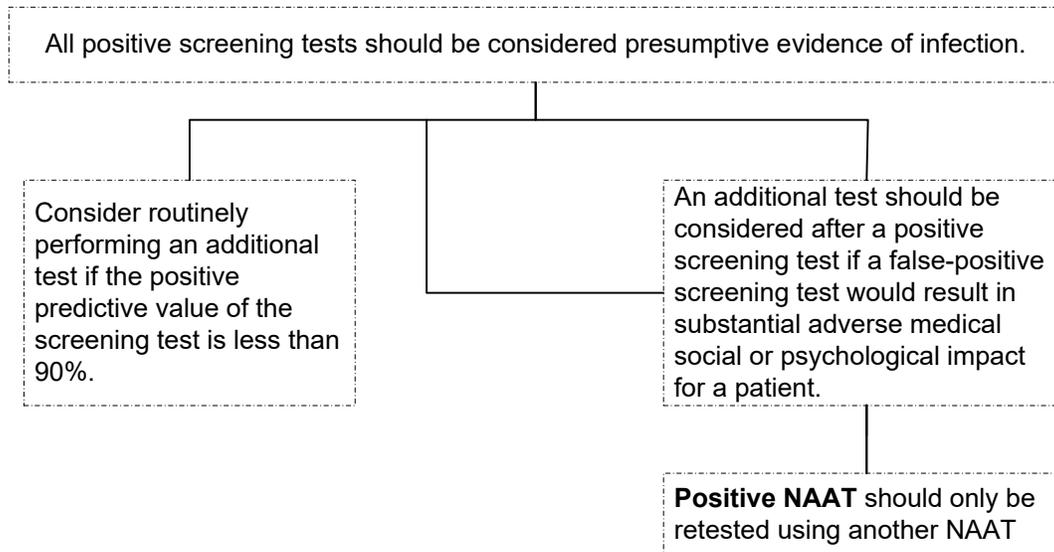
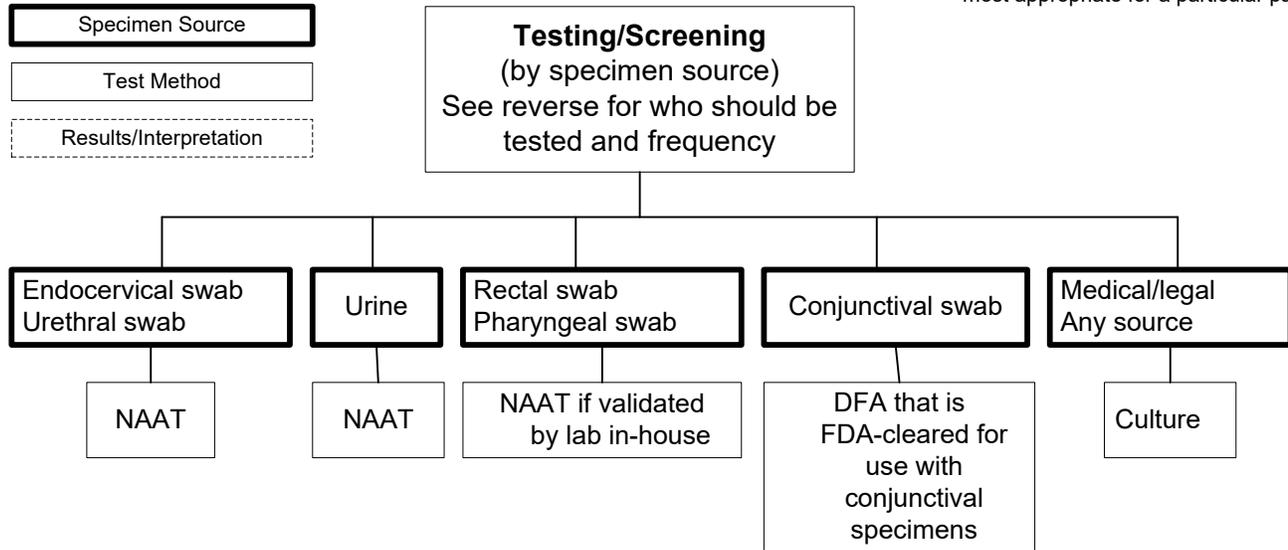
Washington State Clinical Laboratory Advisory Council

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FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



Abbreviations:

DFA = Direct Fluorescence Antibody

NAAT = Nucleic Acid Amplification Test

Reference

Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2015. MMWR 2015 Vol 64/No.3, 55-59.

WHO SHOULD BE TESTED FOR CHLAMYDIA

- Women with mucopurulent cervicitis (defined as a purulent or mucopurulent cervical discharge, easily induced cervical bleeding, and sometimes inflammation in the zone of ectopy), pelvic inflammatory disease, and/or urethral syndrome (defined as acute dysuria and pyuria in the absence of bacteriuria).
- Sexually active women aged 25 years and under.
- Women over 25 with a new sex partner or more than one sex partner.
- Pregnant women.
- Women planning IUD insertion, depending on individual risk as defined by US Preventive Services Task Force guidelines and local *Chlamydia trachomatis* epidemiology.
- Sex partners of persons with chlamydial infection.
- Men with urethritis or epididymitis.
- Young sexually active men (aged 29 years and under) seeking routine health care should be evaluated for asymptomatic chlamydial infection in geographic areas of high prevalence (<http://www.doh.wa.gov/cfh/std/morbidity.htm>).
- HIV-infected persons should be screened for asymptomatic urogenital infection annually or more frequently if at higher risk of infection. Patient reporting receptive anal sex should be tested for rectal chlamydial infection.⁴

FREQUENCY OF TESTING

- Sexually active adolescent women should be screened for chlamydial infection at least annually, even if symptoms are not present.
- All other women who meet the suggested screening criteria (listed above) should be tested for chlamydia annually unless a sexual risk assessment indicates more frequent screening.
- Routine test of cure is not recommended for persons treated with the recommended regimens unless therapeutic compliance is in question or symptoms persist or reinfection is suspected except in pregnant women. If a nucleic acid amplification test (NAAT) is used to determine if the patient is cured, the specimen should not be collected sooner than four weeks after completion of treatment.
- A test for *C. trachomatis* should be performed at the first prenatal visit. Women aged <25 years and those at increased risk for chlamydia (i.e., women who have a new or more than one sex partner) also should be tested during the third trimester to prevent maternal postnatal complications and chlamydial infection in the infant.