

AlohaCare

Clinical Practice Guideline: Chlamydia	
Section: Prevention and Screening	Total Number of Pages: 2
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INTRODUCTION

The AlohaCare clinical practice guidelines are intended to be a resource for providers for evidence-based guidance in diagnosing and/or managing conditions that are prevalent in our member population. These Chlamydia guidelines are based on the *Morbidity and Mortality Weekly Report December 17, 2010/Vol. 59/No. RR-12* and the *U.S. Preventive Services Task Force (USPSTF)* recommendations.

RECOMMENDATIONS

Group	Screening	Diagnosis	Treatment
≤ 25 years of age	Screened annually.	<p>Urogenital infection can be diagnosed by testing urine or by collecting swab specimens from the endocervix or vagina. (Women)</p> <p>Urethral infection can be made by testing a urethral swab or urine specimen (Men)</p> <p>Rectal C. Trachomatis infections in persons who engage in receptive anal intercourse can be diagnosed by testing a rectal swab specimen</p>	<p>Azithromycin 1 g orally in a single dose, OR Doxycycline 100 mg orally twice a day for 7 days.</p> <p><u>Alternative regimens---</u> Erythromycin base 500 mg orally four times a day for 7 days OR Erythromycin ethylsuccinate 800 mg orally four times a day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days OR Ofloxacin 300 mg orally twice a day for 7 days.</p> <p><u>Follow up:</u> Retest approximately 3 months after treatment. If 3 months is not possible, should retest whenever persons present for medical care in the 12 months following initial treatment.</p> <p>Patients should be instructed to refer their sex partners for evaluation, testing, and treatment if they had sexual contact with the patient during the 60 days preceding onset of the patient’s symptoms or Chlamydia diagnosis.</p>
Pregnant Women (24 and younger; and for older pregnant women who are at risk.)	<p>Screened during the first prenatal visit</p> <p>Retested during the third trimester</p>		<p>Doxycycline, Ofloxacin, and Levofloxacin are contraindicated in pregnant women. Azithromycin is safe and effective according to clinical experience and published studies. Repeat testing to document chlamydial eradication (preferably by the NAAT) 3 weeks after completion of therapy. Women aged ≤ 25 years and those at increased risk should be retested during the third trimester. Pregnant women diagnosed with a chlamydial infection during the first trimester should be retested 3 months after treatment.</p> <p><u>Recommended Regimens</u> Azithromycin 1 g orally in a single dose OR Amoxicillin 500 mg orally three times a day for 7 days.</p> <p><u>Alternative Regimens</u> Erythromycin base 500 mg orally four times a day for 7 days OR Erythromycin base 250 mg orally four times a day for 14 days OR Erythromycin ethylsuccinate 800 mg orally four times a day</p>

			for 7 days OR Erythromycin ethylsuccinate 400 mg orally four times a day for 14 days
Women who have sex with women (WSW)	Screen for STDs, including Chlamydia and Syphilis, as recommended.		

ADDITIONAL RECOMMENDATIONS

Ophthalmia Neonatorum caused by *C. trachomatis*: A Chlamydial etiology should be considered for all infants aged \leq 30 days who have conjunctivitis, especially if the mother has a history of untreated Chlamydia infection. Sensitive and specific methods used to diagnose chlamydial Ophthalmia in the neonate include both tissue culture and non-culture tests (e.g., direct fluorescence antibody tests, EIA, and NAAT- nucleic acid amplification tests). Specific diagnosis of *C. trachomatis* infection confirms the need for treatment not only for the neonate, but also for the mother and her sex partner(s).

Recommended Regimen

Erythromycin base or ethylsuccinate 50 mg/kg/day orally divided into 4 doses daily for 14 days.

Topical antibiotic therapy alone is inadequate for treatment of Chlamydia infection and is unnecessary when systemic treatment is administered.

Because the efficacy of erythromycin treatment is only approximately 80%, a second course of therapy might be required. Therefore, follow up of infants is recommended to determine whether initial treatment was effective.

Infant Pneumonia caused by *C. trachomatis*

Because clinical presentations differ, initial treatment and diagnostic tests should include *C. trachomatis* for all infants aged 1-3 months who are suspected of having pneumonia (especially those whose mothers have untreated Chlamydia infection).

Recommended Regimen

Erythromycin base or ethylsuccinate 50mg/kg/day orally divided into 4 doses daily for 14 days. A second course of therapy might be required. Follow up of infants is recommended to determine whether the pneumonia has resolved.

Chlamydial Infections among Children:

Recommended Regimen for children who weigh <45 kg

Erythromycin base or ethylsuccinate 50 mg/kg/day orally divided into 4 doses daily for 14 days

Recommended Regimen for Children Who Weight > 45 kg but Who are Aged < 8 years

Azithromycin 1 g orally in a single dose.

Recommended Regimens for Children Aged > 8 years

Azithromycin 1 g orally in a single dose OR

Doxycycline 100 mg orally twice a day for 7 days

Sources:

- *Morbidity and Mortality Weekly Report December 17, 2010 /Vol. 59/ No. RR-12*
- *The Guide to Clinical Preventive Services 2010-2011—Recommendations of the U.S. Preventive Services Task Force*